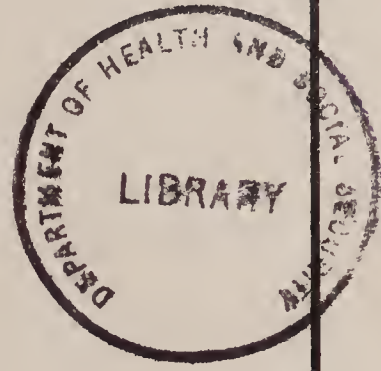


AC 4466



EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

of the

County Medical Officer

and

Principal School Medical Officer

For the Year 1971



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INDEX TO GENERAL REPORT

	PAGE		PAGE
Accidents	30	Maternal Mortality	13
Ambulance Service	27	Measles vaccination	26
Ante-natal Care	13	Medical Loans	31
B.C.G. Vaccination	27	Milk, Heat-Treated	44
Births and Birth Rates	6	Milk, Licensed Dealers	44
Cancer	11	Milk Supplies, Biological	
Care and After-Care	31	Examination of	44
Care of Mothers and Young		Neo-natal Mortality	10
Children	13	Nursing Homes, Registration of	33
Cervical Cytology	32	Perinatal Mortality	8
Child Health Centres	15	Phenylketonuria	14
Children at Risk	14	Poliomyelitis, Vaccination	
Chiropody	31	against	26
Congenital Malformations	13	Population	6
Deaths and Death Rates	11	Post-natal Care	13
Dental Care	14	Premature Infants	15
Development of the Health		Rainfall	55
Services	34	Renal Dialysis	32
Diphtheria immunisation	25	Rubella vaccination	27
District Medical Officers	5	Sanitary Circumstances	38
Domiciliary Nursing and		School Medical Officer's Report	57
Midwifery Service	20	Sewerage and Sewage Disposal.	38
Family Planning Service	17	Specialised Nursing Service ...	20
Food, Inspection and		Staff	3
Supervision of	40	Tetanus, Protection against	26
Guthrie Test	14	Tuberculosis	49
Health Centres	34	Tuberculosis, B.C.G.	
Health Education	33	Vaccination	27
Health Visiting	18	Vaccination	25
Illegitimacy	7	Venereal Disease	32
Immunisation	25	Vital Statistics	6
Infant Mortality	7	Vital Statistics, Tables of	52
Infectious Disease,		Voluntary Accident and	
Prevalence of	48	Emergency Service	30
Infectious Disease,		Water Supply	38
Notification of	57	Welfare Foods	15
Liaison with Hospitals	19	Whooping Cough, Protection	
Lung Cancer	12	against	25

INDEX TO PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT

	PAGE		PAGE
B.C.G. Vaccination	62	Mental Conditions,	
Child Guidance Clinic	66	Examinations for	72
Chiropody Clinic	62	Milk in Schools	64
Clinics	74	Minor Ailments	61
Dental Officer, Report of	64	Physical Education	72
Ear, Nose and Throat Defects ..	61	School Nurses	60
Enuresis	67	Speech Therapy	63
Eye Disease	61	Statistics	75
Handicapped Children	67	Teachers and School Welfare	
Infestation	76	Officers, Co-operation with ..	73
Meals, School	64	Visual Defects	61
Medical Inspection and			
Treatment Returns	59		

To the Chairman and Members of the County Council

Lord Halifax, Ladies and Gentlemen

I have pleasure in submitting my Annual Reports as County Medical Officer of Health and Principal School Medical Officer for the year 1971.

Heart disease, diseases of the circulatory system, and cancer continue to be the principal causes of death. The continuing rise in the number of deaths due to lung cancer from 42 in 1950 to 155 in 1971 serves to underline the accepted medical opinion that the smoking of cigarettes is directly related to the increased incidence of deaths due to this condition. The incidence of coronary artery disease amongst the middle-aged and elderly continues to increase but this cannot be attributed to any single cause. It is generally agreed that a combination of circumstances are probably to blame for this condition among which are over-weight, insufficient exercise, heavy smoking, and possibly dietetic factors.

There have been no special problems connected with the notifiable infectious diseases, but it is noteworthy that the number of cases of food poisoning have continued at a relatively higher level during the past four years than was the case in the previous six. Many of these outbreaks cannot be attributed to any single cause, and bacteriological examination is frequently negative even when the food suspected of having caused the outbreak is available for examination. Unfortunately it is not always possible to obtain samples of the suspected food.

Following a circular letter from the Department of Health and Social Security the County Council decided to implement a new management structure for the nursing services. This consists of a Chief Nursing Officer, since redesignated Director of Nursing Services, who is responsible for co-ordinating and directing the Community Nursing Services and thus provides a single line of communication to the Medical Officer of Health. In addition three Area Nursing Officers were appointed to co-ordinate the nursing services on an area basis. However, it was decided not to proceed immediately with the appointment of first line managers pending further consideration of the type of work which they will be required to undertake.

The modern tendency to discharge patients as early as possible from hospital has resulted in some Local Health Authorities employing health visitors and nurses to work in close association with specialised hospital departments in order to improve the liaison between the department and the domiciliary nursing service. It was, therefore, decided to combine with the County Borough of Kingston Upon Hull to appoint specialised nurses for patients who have undergone genito-urinary surgery, and for tuberculosis cases. This ensures that after discharge from hospital the patient continues to receive the specialised type of home nursing which he requires. The attachment of community nursing staff to general practitioners has now been completed throughout the County, and nurses no longer work in geographical areas.

A new health centre was completed at Hessle in November. All the doctors practising in this area i.e. two group practices, agreed to participate in this project and will in future have their main surgeries in these new premises. The centre will serve a population of approximately 15,000. Accommodation in this building has also been rented by a group of dental practitioners who have been provided

with a suite of two dental surgeries and appropriate waiting and other facilities.

Facilities are also provided for all the Local Health Authority services, including the School Dental Service. The health visiting and district nursing staff have offices in the centre and are attached to the two group practices. This area is, therefore, comprehensively served by "The Community Health Team" working from a single building.

The family planning service has continued to expand and new clinics were opened at Market Weighton and at Brough. Additional sessions were arranged at existing clinics in Fulford and in Pocklington. There is growing interest at both national and local levels in family planning, and further expansion of this service can be expected.

I should like to express my thanks to the Chairman and Members of the Health Committee, and all Officers of the Authority with whom it is essential to co-operate in order to administer and develop the County Health Services. I would also like to thank all members of the staff of the Department for their loyal service and hard work during a year in which the County Health Services have continued to develop.

I have the honour to be,
Your obedient servant,
Wm. FERGUSON,
County Medical Officer of Health.

County Hall,
Beverley.

PRINCIPAL OFFICERS 1971

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

W. Ferguson, M.B., Ch.B., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DIVISIONAL MEDICAL OFFICER

Haltemprice Division,

L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.

DIVISIONAL MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Buckrose Health Division,

R. Schofield, M.D., Ch.B., D.P.H., D.C.H.

Holderness Health Division,

J. H. Maughan, M.B., B.S., D.P.H.

Howdenshire Health Division,

W. Wilson, M.B., B.Ch., B.A.O., D.P.H.

SENIOR MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

I. W. Sinclair, M.B., Ch.B.,

M. L. Walker, M.B., B.S., D.P.H.

MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

WHOLE-TIME:

J. J. Bagnall, M.B., B.S., M.R.C.S., L.R.C.P.

J. S. Dann, M.B., Ch.B.

R. Jones, M.B., B.Ch. (appointed 1st March, 1971)

PART-TIME:

R. Jones, M.B., B.Ch. (transferred to whole-time)

E. Mc. V. Redfern, M.B., Ch.B.

C. N. Robinson, M.B., Ch.B.

C. M. Rosen, M.B., Ch.B.

J. M. West, M.B., Ch.B.

J. F. Wilson, M.B., B.Ch., D.P.H.

PRINCIPAL DENTAL OFFICER

G. R. Smith, L.D.S.

SENIOR DENTAL OFFICERS

P. J. Mordaunt, L.D.S.

G. Pearson, L.D.S.

L. B. Wilson, L.D.S.

J. M. Cripps, L.D.S. (Part-time)

DENTAL OFFICERS

WHOLE-TIME:

B. E. Carter, L.D.S.

C. H. Elphick, L.D.S. (retired 31.9.71)

J. M. Fletcher, B.Ch.D., L.D.S. (appointed 4.10.71)

D. Mathews, B.Ch.D. (appointed 1.4.71)

A. Russell, B.D.S.

PART-TIME:

J. A. Bodenham, L.D.S. (appointed 15.9.71)

R. F. Coates, L.D.S.

U. Coates, L.D.S.

R. I. Dunhill, L.D.S.

E. M. S. Ward, B.D.S.

DIRECTOR OF NURSING SERVICES

J. Stephenson, M.B.E., S.R.N., S.C.M., H.V.Cert., Q.N.S.

AREA NURSING OFFICERS

M. Buchanan, S.R.N., S.C.M., H.V.Cert., Q.N.S. (appointed 1.4.71)

M. Coates, S.R.N., S.C.M., H.V.Cert. (appointed 1.12.71)

M. Shilleto, S.R.N., S.C.M., H.V.Cert., Q.N.S.

AMBULANCE OFFICER

G. R. Gray, M.B.E., F.I.A.O.

EDUCATIONAL PSYCHOLOGIST

R. Elwood, M.A., M.Ed.

J. F. Kemp, B.A.

P. E. Randall, B.Sc.

SENIOR SOCIAL WORKERS

H. Jaspan, A.A.P.S.W.

A. B. Godfrey, A.A.P.S.W. (part-time)

SOCIAL WORKER (CHILD GUIDANCE)

S. Graham, Soc.Dip.

Medical Officers of Health for the Several Local Authorities

Local Authority	Name of Medical Officer
MUNICIPAL BOROUGHES	
Beverley	J. H. Maughan
Bridlington	R. Schofield
Hedon	J. H. Maughan
URBAN DISTRICTS	
Driffeld	R. Schofield
Filey	R. Schofield
Haltemprice	L. N. Gould
Hornsea	J. H. Maughan
Norton	W. Wilson
Withernsea	J. H. Maughan
RURAL DISTRICTS	
Beverley	J. H. Maughan
Bridlington	R. Schofield
Derwent	W. Wilson
Driffeld	R. Schofield
Holderness	J. H. Maughan
Howden	W. Wilson
Norton	W. Wilson
Pocklington	W. Wilson

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1. — Vital Statistics

GENERAL STATISTICS

Area	732,704 acres
Rateable value (as at 1st April 1971).....	£8,950,492
Product of a new penny rate.....	£87,953

POPULATION

Districts	Census 1961	Estimated	
		1970	1971
Administrative County	224,031	255,410	259,510
Urban Districts	114,086	128,560	131,410
Rural Districts	109,945	126,850	128,100

BIRTHS AND BIRTH RATES

Birth Rate per 1,000 of the Population

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	24.0	23.8	23.5
1911—1920	19.3	20.8	20.3
1921—1930	16.6	18.8	17.9
1931—1940	14.4	14.9	14.8
1941—1950	17.2	17.2	17.2
1951—1960	14.5	14.8	14.7
1961	16.3	15.6	15.9
1962	16.0	16.7	16.3
1963	16.8	16.7	16.7
1964	16.3	17.0	16.7
1965	16.3	16.7	16.5
1966	15.5	15.7	15.6
1967	15.1	15.9	15.5
1968	14.0	15.9	14.9
1969	14.7	15.1	14.9
1970	13.1	15.3	14.2
1971	13.3	15.8	14.5

*Average rate per 10 years period.

The birth rate for England and Wales in 1971 was 16.0.

There were 3,772 live births and 42 stillbirths registered making a total of 3,814, an increase of 136 on the 1970 figures. Of these births 446 live births and 6 stillbirths took place outside the County.

The number of births notified by hospitals, practitioners and midwives was 6,874 live births and 77 stillbirths, a total of 6,951. Of the total births, 3,701 live births and 41 stillbirths were to women who were normally resident outside the County and the details were transferred to their home areas.

STILLBIRTHS

The stillbirths which were registerable in the County numbered 42, compared with 51 in 1970. The stillbirth rate was 11.0 per 1,000 total births, compared with a rate of 12.0 for England and Wales.

ILLEGITIMATE LIVE BIRTHS

Number of Illegitimate Live Births in the County:

Year	Urban Districts	Rural Districts	Administrative County
1951—1960	60	62	122
1961	65	72	137
1962	83	82	165
1963	85	90	175
1964	83	82	165
1965	121	84	205
1966	114	82	196
1967	119	87	206
1968	102	108	210
1969	116	99	215
1970	96	72	168
1971	111	82	193

The illegitimate live birth rate was 0.74 per 1,000 of the population, compared with 0.66 in the previous year.

The number of illegitimate live births in the County was 5%. The rate for England and Wales was 8%.

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 live Births

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	114	107	110
1911—1920	84	81	82
1921—1930	59	63	61
1931—1940	50	53	51
1941—1950	40	39	39
1951—1960	24	22	23
1961	17	16	17
1962	16.9	17.9	17.4
1963	17.9	23.9	20.8
1964	17.9	18.5	18.2
1965	18.0	18.1	18.1
1966	18.2	21.4	19.8
1967	14.3	16.8	15.6
1968	21.3	13.1	16.7
1969	17.0	14.0	16.0
1970	10.0	13.0	12.0
1971	14.0	14.0	14.0

*Average rate per 10 year period

There were 53 deaths of children under the age of one year in 1971, 10 more than in 1970. The infant mortality rate was 14 per 1,000 live births. The rate for England and Wales for 1971 was 18.

The distribution of infant deaths between various primary causes is shown in the following table:

Primary cause of Death	URBAN DISTRICTS			RURAL DISTRICTS			ADMINISTRATIVE COUNTY		
	Age at death		Total	Age at death		Total	Age at death		Total
	Under 4 weeks	4 weeks to one year		Under 4 weeks	4 weeks to one year		Under 4 weeks	4 weeks to one year	
	4 weeks	4 weeks		4 weeks	4 weeks		4 weeks	4 weeks	
Malignant disease	—	1	1	—	—	—	—	1	1
Pneumonia	1	2	3	—	3	3	1	5	6
Respiratory diseases . .	—	—	—	1	3	4	1	3	4
Infectious diseases	—	—	—	—	1	1	—	1	1
Gastritis, Enteritis	—	—	—	—	1	1	—	1	1
Congenital Malformations	3	3	6	4	3	7	7	6	13
Other Causes	14	—	14	10	3	13	24	3	27
Totals	18	6	24	15	14	29	33	20	53

Of the 53 infant deaths 33 occurred in the neo-natal period, that is before the baby was four weeks old. In 24 cases death was associated with prematurity.

The number of perinatal deaths, i.e. within the first week after birth, and stillbirths was 71 compared with 76 in 1970.

The perinatal death-rate was 19 per 1,000 births. The rate for England and Wales was 22.

The following table sets out the deaths from all causes in grouped diseases distributed according to the various age groups:

Age Group	Infectious Diseases (including Syphilis)		Tuberculosis		Malignant Disease		Heart and Circulatory Diseases		Respiratory Diseases (including influenza)		Intestinal Diseases		Violence		All Other Causes		All Causes	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
0—	—	—	—	—	1	0·2	—	—	10	3·0	2	5·1	3	2·2	37	14·1	53	1·7
1—	—	—	—	—	2	0·3	—	—	1	0·3	1	2·6	3	2·2	2	0·8	9	0·3
5—	—	—	—	—	5	0·8	—	—	2	0·6	—	—	3	2·2	2	0·8	12	0·4
15—	—	—	—	—	3	0·5	1	0·1	2	0·6	1	2·6	12	8·7	5	1·9	24	0·8
25—	1	10·0	—	—	4	0·6	6	0·3	2	0·6	1	2·6	17	12·3	3	1·1	34	1·1
35—	—	—	1	20·0	26	4·2	19	1·0	3	0·9	—	—	6	4·3	10	3·8	65	2·0
45—	—	—	—	—	53	8·6	46	2·6	10	3·0	1	2·6	15	10·9	16	6·1	141	4·4
55—	1	10·0	1	20·0	136	22·0	198	11·2	37	11·0	7	17·9	12	8·7	36	13·7	428	13·4
65—	4	40·0	3	60·0	221	35·8	453	25·6	92	27·5	7	17·9	23	16·6	45	17·2	848	26·7
75—	4	40·0	—	—	167	27·0	1,048	59·2	176	52·5	19	48·7	44	31·9	106	40·5	1,564	49·2
Totals	10	—	5	—	618	—	1,771	—	335	—	39	—	138	—	262	—	3,178	—

STATISTICS RELATING TO MOTHERS AND INFANTS

The vital statistics relating to mothers and infants are summarised below:—

Live Births

Number	3,772
Rate per 1,000 of population (adjusted).....	15.2
Illegitimate Live Births (per cent of total births)	5.0

Stillbirths

Number	42
Rate per 1,000 live and stillbirths	11.0
Total Live and Stillbirths.....	3,814
Infant Deaths (deaths under one year)	53

Infant Mortality Rates

Total infant deaths per 1,000 total live births	14.0
Legitimate infant deaths per 1,000 legitimate live births	14.0

Illegitimate infant deaths per 1,000 illegitimate live births	10.0
---	------

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	9.0
--	-----

Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	8.0
--	-----

Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	19.0
--	------

Maternal Mortality (including abortion)

Number of deaths	1
Rate per 1,000 total live and stillbirths	0.3

DEATH RATES FROM ALL CAUSES (ALL AGES)

per 1,000 of the population

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	15.1	13.2	13.7
1911—1920	14.6	12.9	13.6
1921—1930	13.2	11.6	12.2
1931—1940	13.0	11.6	12.3
1941—1950	12.9	11.1	12.0
1951—1960	13.5	10.9	12.2
1961	14.6	11.6	13.1
1962	14.0	11.0	12.5
1963	14.1	11.6	12.9
1964	13.9	10.5	12.2
1965	14.7	10.6	12.7
1966	14.9	11.1	13.1
1967	13.9	10.9	12.4
1968	14.7	11.6	13.5
1969	14.4	11.6	13.0
1970	13.5	10.4	12.0
1971	13.9	10.6	12.2

*Average rate per 10 year period

There were 3,178 deaths registered for the County in 1971, an increase of 125 on the figure for the previous year. The adjusted death rate for the County was 10.9 compared with a rate of 11.6 for England and Wales.

Of the total deaths, 75.9% occurred in people aged 65 and over and 49.3% in people aged over 75.

The principal causes of death were heart disease (1,229), cancer (618) and vascular lesions of the nervous system (542). These three causes accounted for 75.2% of the deaths, compared with 74.5% in 1970.

The following table shows the figures for the various causes of death for the year 1971.

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory	5	—	5
Syphilis and sequelae	3	—	3
Meningococcal infection.....	—	1	1
Other infective diseases.....	3	4	7
Cancer of stomach.....	33	25	58
Cancer of lungs, bronchus.....	124	31	155
Cancer of breast.....	2	56	58
Cancer of uterus.....	—	23	23
Cancer of the throat	14	4	18
Cancer of the intestine	38	52	90
Cancer, other forms.....	111	101	212
Leukaemia, aleukaemia	6	6	12
Diabetes	9	15	24
Diseases of nervous system	25	16	41
Rheumatic heart disease	5	21	26
Ischaemic heart disease	481	424	905
Hypertension with heart disease.....	7	13	20
Other heart diseases	60	68	128
Other circulatory disease.....	72	78	150
Cerebral Vascular disease.....	206	336	542
Anaemia and blood disorders.....	3	7	10
Influenza	1	2	3
Pneumonia	85	95	180
Bronchitis and emphysema	96	31	127
Asthma	2	1	3
Other diseases of respiratory system.	10	12	22
Ulcer of stomach and duodenum....	8	11	19
Appendicitis	1	2	3
Intestinal obstruction and hernia....	4	5	9
Gastritis, enteritis and diarrhoea....	2	3	5
Nephritis and nephrosis	4	6	10
Cirrhosis of liver.....	5	2	7
Hyperplasia of prostate	13	—	13
Other diseases of digestive system ...	16	14	30
Genito-urinary system	8	6	14
Congenital malformations	14	10	24
Mental disorders	4	6	10
Multiple Sclerosis.....	2	4	6
Childbirth, pregnancy and abortion	—	2	2
Other diseases	33	32	65
Motor vehicle accidents.....	23	17	40
All other accidents	30	40	70
Suicide	16	12	28
Total	1,584	1,594	3,178

Section 2. — Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

Ante-natal care continues to be provided by hospitals, family doctors and domiciliary midwives as may be appropriate. All expectant mothers can attend ante-natal and mothercraft instruction classes, these classes include the teaching of relaxation, in various parts of the County. New classes were opened at Pocklington and South Cave.

Details of attendances at relaxation classes are shown in the following table:—

Clinic	No. of sessions	No. of new attenders	No. of women attending	No. of attendances
Anlaby	51	58	62	520
Beverley	94	125	134	788
Brough	43	54	68	280
Bridlington	54	84	93	611
Cottingham	47	87	95	579
Driffeld	52	42	42	270
Hessle	52	53	64	532
Hornsea	50	28	29	274
Howden	3	5	5	12
Leven	47	43	51	318
Market Weighton	24	22	26	115
North Ferriby	38	22	22	238
Norton	36	34	35	285
Pocklington	6	11	11	50
South Cave	44	51	51	376
Thorngumbald	48	47	52	333
Withernsea	28	21	21	98
Totals	717	787	861	5,679

POST-NATAL CARE

In most cases family doctors provide post-natal care but some clinics are also held in maternity hospitals for those patients who have been confined in hospital.

CONGENITAL MALFORMATIONS

Information about babies showing evidence of malformations at birth is obtained from the reverse side of the birth notification card. The information is entered by the midwife and is usually sufficient to provide the necessary details for completing the statistical returns to the Registrar General.

One hundred and fourteen abnormalities were reported affecting 100 infants. Of these infants 11 were stillborn and 13 are known to have died.

MATERNAL MORTALITY

One maternal death occurred in the year.

“AT RISK” REGISTER

An “at risk” register has been kept in each Divisional Office since 1963 on which is recorded the names of all children whom it is thought may develop some abnormality in later life. Information is received by the completion of a questionnaire in respect of each child born in the County.

During 1971, 824 children were added to the “at risk” register and 701 were removed. At the end of the year there were 1942 children in the County scheduled “at risk”.

SCREENING FOR PHENYLKETONURIA

Screening for phenylketonuria continues to be carried out and the Guthrie blood test is now used exclusively for this purpose. For babies born in hospital this test is carried out by the hospital staff on or before the sixth day of life. For babies discharged from hospital before the sixth day and for domiciliary births, this test is carried out by the district nursing staff.

DENTAL TREATMENT

Health visitors and midwives continue to emphasise the importance of dental care for both mothers and their children. The health visitors are informed of the location of mobile dental units. The dental hygienist visited ante-natal instruction and mothercraft classes to give advice and demonstrations on oral hygiene.

Details of dental treatment for mothers and young children carried out by the County Dental Service, are as follows:—

	No. given first inspections	No. requiring treatment	No. of visits for treatment		Treatments completed during year
			First visits	Subsequent visits	
Expectant and Nursing Mothers.....	11	10	11	10	6
Children under 5.....	762	333	229	290	312

Type of Dental Treatment provided:—

	Expectant and Nursing Mothers	Children under five
Extractions.....	2	150
General Anaesthetics.....	—	64
Fillings.....	20	557
Scalings.....	4	90
Other conservatory treatment.....	—	48
Radiographs.....	4	—
Dentures provided:		
Full upper or lower.....	—	1
Partial upper or lower.....	2	2
Crowns or Inlays.....	—	—

CHILD HEALTH CENTRES

The table on page 16 shows the number of children who have attended at various Child Health Centres throughout the County including attendances at the Mobile Clinic. At the end of the year 48 centres were operating in County Council clinics or hired premises and an average of 125 clinics were held each month.

There was a decrease of 39 in the number of sessions held and whilst there was a very small drop in attendances of children born in the current year similar increases occurred in respect of children born in 1970 and between 1966 and 1969. A total of 8,975 children made a total of 55,377 attendances.

PREMATURE INFANTS

Infants weighing $5\frac{1}{2}$ lbs or less at birth are presumed to be premature and on this basis 211 premature live births and 19 stillbirths were recorded in the County area. Of these, 208 live births and all stillbirths occurred in hospital, and 3 live births were delivered at home. Of the premature infants born alive 11 died within the first twenty-four hours, 8 died during the first seven days, and 2 died between seven and twenty-eight days.

The percentage of all births recorded as premature was 5.0% compared with 5.5% in 1970.

Portable incubators are maintained at Beverley and Fulford Maternity Hospitals for the transport of premature infants when required. Use is also made of the specially equipped ambulance maintained by the Kingston Upon Hull Authority.

DISTRIBUTION OF WELFARE FOODS

The amounts of various foods distributed during the year were

National Dried Milk	5,364 tins
Cod Liver Oil	1,094 bottles
Vitamin Tablets.....	1,841 packs
Orange Juice	66,627 bottles
A.D. & C. Drops	3,944 bottles

With the exception of orange juice, the sale of welfare foods has continued to fall and a number of distribution centres were closed. It is interesting to note that since 1968 the demand for National Dried Milk has fallen by nearly 50% whilst the demand for orange juice has increased by just over 30% and was the highest since 1961. With the withdrawal of orange juice from the end of the year it may be that more distribution centres will be closed unless there is a corresponding demand for the new A.D. & C. Drops which at the moment seems unlikely.

I should again like to thank the W.R.V.S. for dealing with the distribution of foods in various parts of the County and distributors in the villages have continued to assist, on a voluntary basis, where required.

ANNUAL CHILD HEALTH CENTRE FIGURES—1971

Name of Centre	No. of Sessions held	Frequency of sessions	No. of children who attended and who were born in			No. of attendances	
			1971	1970	1966-69	Total	
Aldbrough	13	Every 4 weeks	14	15	42	411	32
Anlaby	102	Twice weekly	133	121	311	3,003	29
Barlby	26	Fortnightly	32	21	11	612	23
Beverley, Coltman Ave..	156	3 times week	211	177	245	4,220	28
Beverley, Lord Robert's Road	103		211	177	179	3,675	36
Bewholme	7	Com. 19.5.71	8	1	6	40	6
Bilton	25	Fortnightly	51	44	60	824	33
Brandesburton	13	Four weekly	8	2	—	156	12
Bridlington	103	Twice weekly	237	153	114	2,839	27
Brough	52	Weekly	100	84	59	2,315	44
Bubwith	13	Four weekly	20	—	5	256	20
Cottingham	105	Twice weekly	209	236	486	4,813	46
Driffield R.A.F.	27		35	18	14	445	17
Driffield	51	Weekly	80	78	20	1,569	31
Dunnington	13	Four weekly	19	42	27	316	24
Elvington	12	Four weekly	12	28	17	233	19
Filey	26	Fortnightly	64	30	28	1,081	42
Flamborough	26	Fortnightly	20	19	23	448	17
Flixton	13	Four weekly	9	5	5	126	10
Hedon	24	F'tnightly discontinued Dec.	2	2	30	92	4
Hemingbrough	13	Four weekly	18	8	8	263	20
Hessle	105	Two weekly	192	192	319	4,612	44
Hornsea, St. Nicholas Church	21	Weekly comm. 13.8.71	50	21	20	367	17
Hornsea, Catholic Church Hall	50	Weekly	90	166	75	2,692	54
Howden	12	Four weekly	10	12	19	228	19
Hunmanby	26	Fortnightly	14	18	11	369	14
Keyingham	26	Fortnightly	26	46	52	958	37
R.A.F. Leconfield	23	Fortnightly	23	24	17	383	17
Leven	13	Four weekly	31	26	18	489	38
Little Weighton	13	Four weekly	15	7	10	209	16
North Cave	26	Fortnightly	11	9	11	385	15
North Ferriby	25	Fortnightly	46	34	37	821	33
Norton	25	Fortnightly	44	45	12	730	25
Rillington	13	Four weekly	13	7	13	167	13
Roos	13	Four weekly	10	2	5	93	7
Sherburn	12	Four weekly	13	14	21	268	22
Skidby	13	Four weekly	12	11	24	187	14
South Cave, Church Hall	13	Four weekly	27	38	12	467	36
South Cave, G.P. Surgery	10	Four weekly Comm. April, 1971	33	1	—	420	42
Stamford Bridge	12		30	15	5	343	29
Swanland	12	Four weekly	20	13	14	200	17
Thorngumbald	51	Weekly	75	79	214	2,283	45
Walkington	13	Four weekly	15	7	9	167	13
Wawne	26	Fortnightly	18	41	19	628	24
Welton	2	Discontinued after March	—	1	—	3	1
Willerby	52	Weekly	116	137	294	2,540	49
Withernsea	104	Twice weekly	114	118	175	2,193	22
Woodmansey	9		4	2	6	42	4
Mobile Clinic	372	Monthly	385	329	267	5,396	15
	2,015		2,930	2,676	3,369	55,377	27

FAMILY PLANNING SERVICE

The family planning service has been expanded and the following clinics are available to residents of the East Riding by appointment:

Place	Day	Time
ANLABY, The Clinic, First Lane.	Mondays each week.	7.00–8.30 p.m.
BEVERLEY, The Clinic, Lord Roberts Road.	1st, 2nd and 4th Wednesdays each month Fridays 3rd Wednesday and last Thursday each month, I.U.D.	7.00–8.30 p.m. 10.30–11.30 a.m. 6.30–8.30 p.m.
BRIDLINGTON, The Clinic, Oxford Street.	1st and 3rd Wednesdays 2nd Wednesday I.U.D.	7.00–9.00 p.m.
COTTINGHAM The Clinic, King Street.	Tuesday each week.	7.00–8.30 p.m.
DRIFFIELD, The Clinic, Church Street.	2nd Thursday each month I.U.D. as required.	7.00–8.30 p.m.
FULFORD The Medical Room, Fulford County Secondary School.	Wednesday each week.	6.30–7.30 p.m.
HORNSEA The Cottage Hospital.	Alternate Wednesdays	7.30–9.00 p.m.
MARKET WEIGHTON. The Surgery, Londesborough Road.	1st Wednesday each month	7.00 p.m.
POCKLINGTON The Health Centre	Last Tuesday each month I.U.D. as required.	7.00–8.30 p.m.
THORNGUMBALD. The Clinic, Grange Road.	1st Friday each month	2.00–4.00 p.m.
BROUGH. County Primary School, Elloughton Road.	2nd and 4th Thursdays each month	6.00–7.30 p.m.

New clinics were opened at Brough and Market Weighton in October. Additional sessions were introduced at Beverley from September, and Fulford was increased to a weekly clinic from November. In July I.U.D. clinics were commenced at Pocklington Health Centre.

The Medical Staff have complete clinical freedom in deciding which patients they wish to see and advise at clinics, and are responsible for the local arrangements within each clinic. In addition to the

doctor in charge of the clinic, a minimum of one trained nurse, one clerk and one or two voluntary helpers attend. At I.U.D. clinics, however, it is essential to have at least two trained nurses at each session.

The following table shows the number of sessions held and the attendances made at the various clinics:—

	No. of sessions held	No. of new attenders	Total No. of persons attending	Total No. of attendances
Anlaby	49	121	293	119
Beverley	110	228	622	1,830
Bridlington	47	122	236	582
Brough	6	17	17	23
Cottingham	49	106	180	552
Driffeld	19	53	110	261
Fulford	28	159	239	640
Hornsea	27	51	103	220
Market Weighton	3	11	13	15
Pocklington	14	63	148	333
Thornumbald . .	12	41	68	172
Totals	364	972	2,029	4,747

With the agreement of the North Riding County Council arrangements have been made for East Riding residents living in the Norton area to attend the family planning clinic in Malton.

HEALTH VISITING AND NURSING SERVICES

ATTACHMENT TO GENERAL PRACTICE

All requests by general practitioners for the attachment of health visitors and district nursing sisters have been met, and in most areas the attachment schemes are working very well. Preliminary discussions have also taken place with representatives of the Health Department of the North Riding County Council so that where necessary health visitors and district nurses working with group practices in areas adjacent to the North Riding could go over the County border. There is no doubt that the development of attachments to group practices has resulted in an increase in the work of the district nurses and health visitors and will in due course necessitate an increase in staff in order to enable a continuing satisfactory service to be provided.

HEALTH VISITING

The health visiting staff consisted of 42 whole-time health visitors/school nurses, four of whom also undertook district nursing and midwifery as part of their duties. Six health visitors were also employed on a part-time basis. The arrangements for the attachment of health visiting staff to general practices have now been completed for all doctors in the County who wish to co-operate in this arrangement. The health visitors' work with general practitioners has given added interest and more point to their specialised training, but at the same time increases their work load and responsibilities.

Trained nurses have increasingly been appointed to undertake school nursing duties in order to relieve health visitors of the more routine type of school work which does not require their special skills. Details of the work of the health visitors are as set out below:—

Visits to expectant mothers:—	
First visits.....	767
Subsequent visits	308
Visits to infants born in 1971:—	
First visits.....	3,864
Subsequent visits	14,887
Visits to children born in 1970	13,339
Visits to children born in 1966/69	23,083
Visits to tuberculosis cases	57
Visits to mentally disordered.....	499
Visits to aged persons.....	14,115
Visits for care and after care	737
Visits for infectious disease	146

LIAISON WITH HOSPITALS

With the co-operation of two group practices each of three doctors a survey was undertaken into the community arrangements made for patients admitted to and discharged from hospitals. Both of these practices had a full attachment of health visitors, district nurses and bath attendants, one was situated in a market town with a surrounding rural area, and the other entirely rural.

During a period of approximately ten months patients from these practices who were known to be waiting for admission to hospital or who had been discharged from hospital were interviewed by a health visitor or district nurse working with the practices. A questionnaire was completed for all the patients from the two practices concerned in order to obtain, as far as possible, all the relevant information about the patients' home requirements before admission to or after discharge from hospital.

In addition, after a period of two months a recently appointed senior nursing officer who did not know the area and was therefore considered to be unbiased in her views followed-up 105 patients selected at random and completed a more detailed questionnaire for each of these cases. This follow-up was undertaken as soon as possible after the patient was discharged from hospital and was generally achieved within a few days.

All the completed questionnaires were appropriately recorded and the results were analysed by the computer. The results showed that a surprisingly high proportion of patients required additional help in their homes with household chores, dressing, toileting and washing, after discharge from hospital. In addition, it was established that communication between the hospitals in the area and the community health team is not always as satisfactory as it should be. In this survey approximately 50% of the patients came out of hospital without the prior knowledge of their family doctor.

These results merely confirm the findings from more extensive surveys that active steps are required to ensure an adequate liaison system between hospitals and the community health team. This object could probably be achieved by the appointment of a

health visitor or district nursing sister whose main function would be to ensure that the lines of communication between all those concerned are always working effectively. Such an appointment could go a long way towards creating a situation whereby patients do not suffer as a result of information not passing between hospital and the health services in the community. It should also ensure that all the appropriate Health and Social Services are adequately mobilised for the patients' benefit when required.

SPECIALISED NURSING SERVICES

Earlier in the year it was agreed with a Consultant Urological Surgeon in Hull that special nursing post-operative care was required for many of his patients discharged home. This need has been increased by the tendency to discharge patients as early as possible from hospital.

A district nurse was appointed jointly between the Hull County Borough and the County Council to look after all genito-urinary patients who require special nursing service in their home. The male nurse appointed for this work commenced duty on the 1st March, 1971, and since then he has attended to 32 post-operative patients in their homes.

HOME NURSING

In the majority of instances domiciliary nursing sisters combine the duties of nurse and midwife. The staff employed was as follows:—

Whole-time Staff

Nurse/Midwives	33
Nurse/Midwives who also undertake health visiting	4
Midwives	1
Nurses	26
	—
Total:	64

Part-time Staff

Nurses	5
Nursing attendants	24
	—
Total:	93

At the end of the year two vacancies existed for district nurse/midwives.

Six midwives and six district nurses attended post-graduate refresher courses.

It is interesting to note that although the total number of visits carried out by district nurses has increased substantially by 12,866, the total number of patients has only increased by 587. In other words more visits are now made to each individual patient and a larger proportion of visits are made to patients over 65 years of age, this figure has increased by 7,948 since last year.

The statistics bear out the general impression by all district nursing staff that the amount of work in the community is steadily increasing. This is also shown by an increasing demand for home nursing equipment such as hoists, special beds, incontinence pads, etc. The opening

of Pocklington Health Centre in the autumn of 1970 has resulted in the district nursing sisters spending more time carrying out nursing duties in the Centre on behalf of the general practitioners.

Nursing sisters are authorised to supply patients with incontinence pads which are used as a nursing aid. A total of 67,400 pads was issued last year. The manufacture of these pads continues to be undertaken by the Adult Training Centre, a very satisfactory arrangement.

Certain nursing sisters continue to undertake additional special supervisory and advisory duties for patients attending hospital diabetic clinics.

Twenty-four nursing attendants are now employed on a part-time basis in various parts of the County. They assist the district nursing sisters by carrying out duties for which special qualifications of a trained nurse are not required but they work under the supervision and direction of the nursing sisters. In-service training is provided for the nursing attendants although this had to be temporarily suspended for a period due to the shortage of nursing officers.

	1971
Total number of patients visited	5,330
Number of patients over 65 years of age	3,516
Percentage of patients over 65 years of age	65.9 %
Number of visits made:—	
Nursing sisters	158,827
Nursing attendants	26,337
Number of visits made to patients over 65 years of age:—	
Nursing sisters	114,426
Nursing attendants	24,717

DOMICILIARY MIDWIFERY SERVICE

The statistical returns for 1971 show a further decrease by 45 in the number of domiciliary confinements resulting in the lowest number ever recorded, namely 143. Ten midwives had no domiciliary deliveries, and only three midwives attended 12 or more confinements.

To conform with the Central Midwives Board rule that mothers and babies must be visited by a practising midwife up to and including the tenth day, district midwives must continue to be employed, but it is obvious that unless they obtain some practical experience in delivery their skills are not being economically utilised, and sooner or later the present situation must be tackled realistically.

The number of hospital discharges between the second and tenth day have increased by 487 from the previous year as have the number of lying-in visits to hospital cases which have increased by 640. This increase is mainly due to the fact that the Beverley Westwood Hospital has reduced its full-term booking from 10 to 8 days with the result that a midwife must visit the patient at home during the remaining 2 days of the lying-in period.

The Director of Nursing Services has an arrangement whereby all mothers and babies discharged from hospital are notified to her office by telephone so that there is no delay in the County midwives visiting the patients in their homes. In addition all midwives are notified at an early stage of pregnancy that a mother is likely to be

discharged from hospital after 48 hours. This enables them to ensure that the home conditions are satisfactory and in any case where this is not so the patient is recommended for a longer lying-in period in hospital.

It is now becoming increasingly difficult to recruit district nurse/midwives and unless the present situation improves it may not be possible to maintain as comprehensive cover for domiciliary midwifery as has hitherto been given and midwives are now responsible for a much wider area.

Arrangements have been made for the midwives in the Fulford area to go into this hospital on request in order to deliver babies. A similar situation operates in the Driffeld and Withernsea areas where the midwives also attend hospital confinements on request. While such schemes provide a better service for the patient and give the district midwives more practical experience they create some local problems when the midwives in the area are relatively thin on the ground, especially during periods of holiday or sickness; however, it has so far been possible to meet all requests without any detriment to the service.

The Director of Nursing Services and her staff have continued to maintain a good relationship and adequate liaison with all the maternity hospitals in the County and visits are paid to the nursing officers of all these hospitals by the Director in order to discuss the day to day problems of the service. All the maternity hospitals in the County are in constant telephone communication with the Nursing Department so that information about all new born babies is received as soon as possible and the necessary follow-up visits are carried out.

The histogram on page 24 shows the relationship between domiciliary and hospital confinements including early discharges over the past eight years.

No. of domiciliary confinements attended	143
No. of cases attended on discharge from	
hospital—48 hour discharges	568
between 48 hours and 10 days	1,757
No. of visits—	
Domiciliary confinements—ante-natal..	1,750
post-natal..	1,866
Hospital confinements —ante-natal..	1,022
post-natal..	12,415

The percentage of domiciliary live and still-births in the County was 3.7 compared with 5.2 in 1970. The number of births in the various County districts can be seen from the following table:—

District	Registered Total Births (Live and Still)	Domiciliary Births as Notified (Live and Still)
Beverley M.B.....	304	4
Bridlington M.B.....	308	—
Driffeld U.D.....	116	2
Filey U.D.....	53	3
Haltemprice U.D.....	663	23
Hedon M.B.....	47	—
Hornsea U.D.....	92	5
Norton U.D.....	73	7
Withernsea U.D.....	105	1
Aggregate of U.D.s.....	1761	45
Beverley R.D.....	544	20
Bridlington R.D.....	97	1
Derwent R.D.....	284	21
Driffeld R.D.....	139	2
Holderness R.D.....	435	11
Howden R.D.....	204	31
Norton R.D.....	104	1
Pocklington R.D.....	246	11
Aggregate of R.D.s.....	2053	98
Total County.....	3814	143

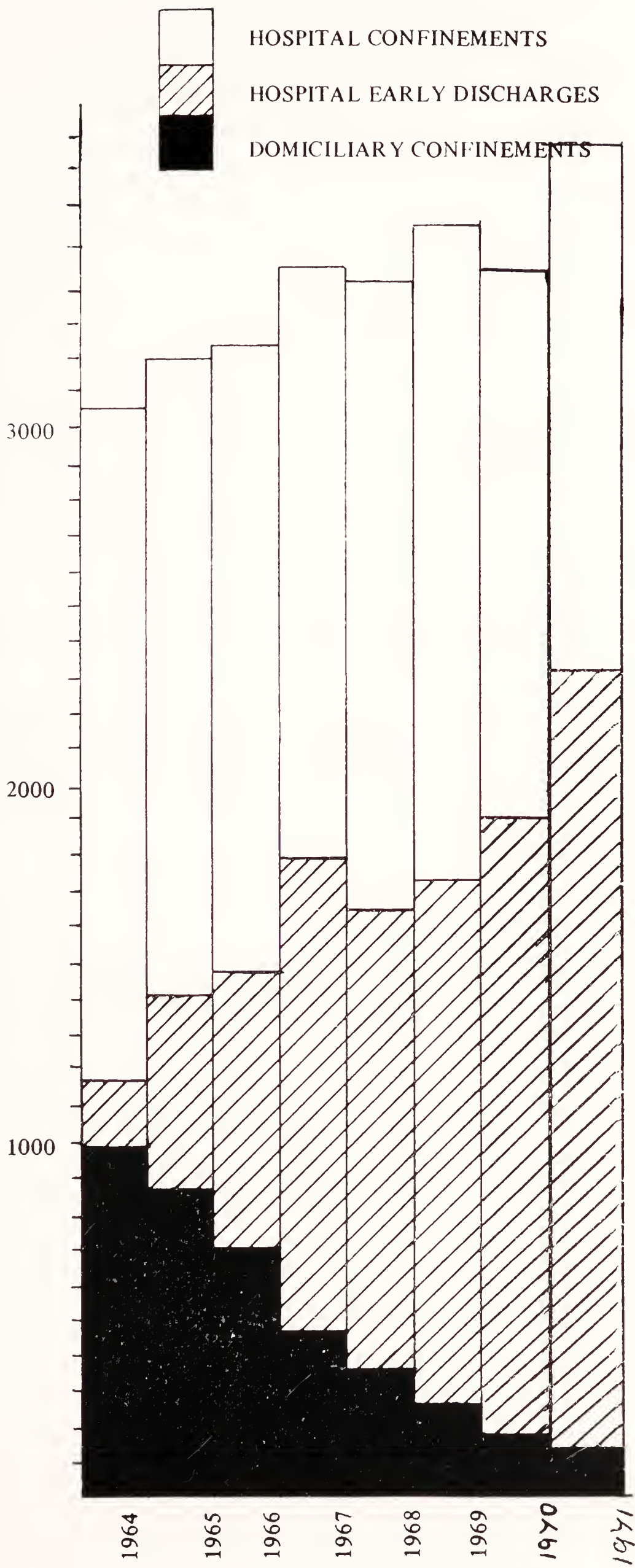
Packs containing sterilised maternity outfits are available free of charge for every domiciliary confinement.

According to the records received 73 domiciliary births were attended by midwives, no doctor being present. This represents 51 % of all domiciliary births in the County.

A total of 204 midwives notified their intention to practise in the East Riding during 1971. At the end of the year there were 169 midwives in practice, 50 of whom were employed in the County Service and 119 were employed in hospitals.

Statutory notices under the Rules of the Central Midwives Board were received as follows:—

	Hospital Midwives	County Midwives	Total
Sending for medical help.....	—	8	8
Notification of infant death.....	15	—	15
Notification of stillbirth.....	24	—	24
Liability to be a source of infection.....	—	2	2



VACCINATION AND IMMUNISATION

The work of transferring the vaccination and immunisation records to the computer continued, and at the end of the year approximately 26,000 records had been transferred.

In April the programme was amended to include vaccination against Rubella and routine appointments are now being made by the computer. In December, the first routine appointments for measles vaccination for all babies born on or after the 1st July, 1970, were sent out.

Towards the end of the year the Joint Committee on Vaccination and Immunisation issued its recommendations on the indications for offering vaccination against smallpox. Whilst vaccination remains the most reliable measure for the protection of individuals against this disease, it is a procedure that has a very small but finite risk of serious complications. Because of the progress that has been made in those areas of the world where smallpox now exists the Committee concluded that the chance introduction of smallpox into Britain had substantially diminished and would continue to do so, and the British public were far less likely to be exposed to infection by smallpox in the future. Whilst vaccination is a safe and reliable method of protection, the number of serious complications in childhood, although few, is now out of proportion to the risk to these children from smallpox in Britain.

In Circular 54/71, the Department of Health and Social Security stated that vaccination against smallpox need no longer be recommended as a routine procedure in early childhood. Smallpox vaccination was, therefore, deleted from the Immunisation and Vaccination programme.

The following tables give details of work carried out in 1971:—

DIPHTHERIA

Three thousand one hundred and seventy eight children received a primary course of vaccination against diphtheria and 4,327 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Diphtheria	2	15
Combined Diphtheria/Tetanus	39	4,099
Combined Diphtheria/Whooping Cough/ Tetanus	3,137	203
Combined Diphtheria/Pertussis	—	10
Total	3,178	4,327

At the end of 1971 91% of the children born in 1969 had been immunised against Diphtheria.

WHOOPING COUGH

Three thousand one hundred and thirty seven children received primary courses of anti-whooping cough injections and 213 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Whooping Cough	—	—
Combined Diphtheria/Whooping Cough ..	—	10
Combined Diphtheria/Whooping Cough/ Tetanus	3,137	203
Total	<u>3,137</u>	<u>213</u>

Protection against whooping cough is most important in the first two years of life and 90% of the children born in 1969 have been protected against this disease.

TETANUS

Three thousand two hundred and seventy five children received a primary course of tetanus injections and 4,699 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Tetanus	99	397
Combined Diphtheria/Tetanus	39	4,099
Combined Diphtheria/Whooping Cough/ Tetanus	3,137	203
Total	<u>3,275</u>	<u>4,699</u>

Of the children born in 1969 records show that 90% have received protection against tetanus.

POLIOMYELITIS

Three thousand three hundred and sixty six children received a primary course of protection and 4,659 children received reinforcing doses.

	Primary	Booster
Salk vaccine	—	—
Sabin oral vaccine	3,366	4,659
Totals	<u>3,366</u>	<u>4,659</u>

These figures indicate that 90% of the children born in 1969 have been protected against this disease by the end of 1971.

MEASLES

Vaccination against measles is recommended in the second year of life and during 1971, 816 vaccinations were given to children born in 1969, an increase of only 34 over the previous year. A total of 661 children, representing 44% of those born in 1969 have now been protected against measles. It is interesting to note, however, that in the absence of an outbreak of measles the total number of children protected in 1971 fell by 429.

The following figures show the number of children divided into years of birth who have been vaccinated.

1971	9
1970	751
1969	816
1968	186
1967	325
Others under 16	21
Total	<hr/> 2,108 <hr/>

RUBELLA

The initial programme for vaccination against rubella was aimed at the 14 year old age group. This programme was completed early in 1971. Arrangements were subsequently made for offering vaccination to all remaining girls between their eleventh and fourteenth birthdays and by the end of the year a further 1,129 girls had been protected against this disease.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

B.C.G. vaccination is available to students attending universities, teachers' training colleges, or other establishments of further education and to school children of thirteen years of age or older, and those children approaching thirteen years who can conveniently be vaccinated along with others of that age.

Parents of 1,904 out of a total of 2,157 eligible children requested participation in the scheme, and of these acceptors 1,642 were eventually skin tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 1,298 were negative and, therefore, required vaccination, and 1,288 finally completed the process.

All children having a positive result to the test are offered special examinations, including chest x-ray. The adult members of their families are also offered x-ray examination in case there may be undetected cases of the disease amongst them.

AMBULANCE SERVICE

The following staff was employed in the Ambulance Service:—

Ambulance Officer	— 1
Assistant Ambulance Officers	— 2
Control Staff	— 7
Station Officers	— 11
Ambulancemen	— 78
Cadets	— 3

The Council's fleet of vehicles consists of 29 ambulances, 22 dual purpose vehicles and one emergency incident vehicle.

The following table gives details of the work carried out by the service.

Types of case	1970	1971
1. Accident.....	3,391	3,414
2. Acute illness.....	3,284	3,577
3. General illness.....	4,751	4,620
4. Maternity.....	902	876
5. Tuberculosis.....	—	—
6. Infectious disease.....	51	33
7. Mental illness.....	293	336
Total (items 1-7).....	12,672	12,856
8. Inter-hospital transfers.....	2,839	3,157
9. Hospital discharges.....	4,350	4,196
10. Out-patient and clinic attendances....	103,213	104,985
Total (items 8-10).....	110,402	112,338
11. Other cases.....	26,940	23,683
Grand Totals — Cases.....	150,014	148,877
Mileage.....	1,148,430	1,195,121
Average miles per patient.....	8	8

The number of patients carried and mileage involved was as follows:—

	<i>Patients carried</i>	<i>Mileage</i>
Direct service	136,730	1,074,442
Hospital car service	2,282	39,959
Other authorities	9,852	78,070
Train	13	2,650
Totals	148,877	1,195,121

CONTROL

The central control system which was inaugurated in 1970 has been developed further, and two additional sub-controllers were appointed so that adequate cover could be provided throughout the twenty-four hours in the headquarters' control room.

Approval has been given to replace all the ambulance service radio equipment during 1972, and it is hoped that when this new equipment has been installed it will be possible to take further steps towards a fully centralised control system for the service.

VEHICLES

Although orders were placed to replace fourteen ambulances and to provide two additional vehicles, at the end of the year only two replacement vehicles have been delivered. This was partly caused by delay in the delivery of the chassis following industrial difficulties in the motor companies concerned, and has resulted in the old ambulances continuing in service for longer than is economically desirable. This is shown by the relatively high number of vehicles which have to come off the road for repair and maintenance in any one week.

TRAINING

All the new entrants to the Ambulance Service receive training locally which consists of an induction course at which they are required to attain a satisfactory minimum standard; when this has been achieved they are sent to a residential school for the six weeks' course of training which is now provided for all new ambulancemen before they can be considered qualified. Following a recommendation of the Ambulance Service Advisory Committee it has been agreed that all members of the ambulance staff will in future be sent on a two-week refresher course every three years; this will be a residential course aimed at bringing their knowledge up to date in modern ambulance methods. Ten ambulancemen attended a six weeks' training course and four ambulancemen attended a two week refresher course. In addition to these courses, a continuous programme of in-service training is arranged by the Training Officer and, when requested, classes are also arranged for those members of the staff wishing to take the more advanced qualifications in ambulance work.

Members of the ambulance staff have also continued to provide first aid training to the members of the County Fire Brigade, school children and other interested organisations on request.

AMBULANCE STATIONS

Schemes for improving the facilities at the ambulance stations at Bridlington, Hornsea, Howden and Pocklington have been submitted and accepted by the County and the Department of Health and Social Security and it is hoped that these improvements will be completed during 1972.

AMBULANCE HEADQUARTERS

In October the Committee approved a recommendation that the provision of a new Ambulance Headquarters and garage in the Beverley area should be included in the capital building programme for the financial year 1973/74. The accommodation provided at the Ambulance Headquarters in Beverley, particularly for the central control room, is very cramped. The garage accommodation for the ambulance vehicles is such that any increase in the number of vehicles would create difficulties.

The Highway's Department require additional accommodation for the Highways Vehicle Depot, and as there is no land available on, or adjacent to, the present site, it was suggested that a reasonable solution to the problem would be to find an alternative site for the Ambulance Headquarters and garage, and allow the Highways vehicle Depot to occupy the whole of the existing site. The scheme for a new Ambulance Headquarters and garage accommodation was submitted to the Department of Health and Social Security in October of last year, and provisional approval has been given for the inclusion of this project in the financial year 1974/75.

CADET SCHEME

Three cadets were recruited at the beginning of the year and after a probationary period of instruction lasting for three months were tested as to their suitability to become ambulancemen. Two of them successfully completed the probationary period, and have also been

successful in passing their six weeks' training course. These cadets will in due course replace the ambulancemen who are due to retire from the service. It is anticipated that a further three cadets will be recruited next year.

EAST RIDING VOLUNTARY ACCIDENT AND EMERGENCY SERVICE

The doctors taking part in this scheme give their services entirely on a voluntary basis and have devoted considerable time to this work. During 1971, they attended a total of 392 incidents which included 232 road traffic accidents, 110 medical emergencies and 50 other emergencies. The County Council provided six additional mobile radios for use in doctors' cars thus a total of 19 cars were equipped with radio at the end of the year. In addition to this, seven were fitted with installation kits which permit a radio telephone to be transferred so that a total of 29 doctors were participating in the scheme. As a result of equipping 19 doctors with car radios and resuscitation equipment a substantial nucleus of medical manpower is immediately available, should a major disaster occur in the area.

It has been noticeable that at the site of accidents there now appears to be more co-operation between the ambulancemen, firemen, policemen and the doctors taking part in the service; so that accidents, especially the major ones are now treated as a team operation. The work of the doctors has included the setting up of intravenous 'drips' on six occasions with considerable benefits to the patients. It is also noteworthy that the doctors rendered supportive treatment to patients by travelling to hospital with the ambulance on 30 occasions. On one occasion a doctor called to a road traffic accident involving six persons, had to deal with one death and five unconscious casualties at the roadside. This may be rather exceptional but highlights the type of work which this voluntary service is now doing.

ACCIDENTS

The table below shows the number of emergency calls made to all types of accidents. There was a slight decrease in the total number of accidents in 1971 due to a significant and welcome decrease of accidents in the home and a small reduction in accidents occurring at work.

Year	Number of Accident Calls					Total number of Casualties involved
	Road	Home	Work	Other	Total	
1964	922	603	157	453	2,135	2,450
1965	912	649	215	473	2,249	2,574
1966	921	716	180	505	2,322	2,680
1967	955	831	228	570	2,584	2,979
1968	962	826	202	538	2,528	2,907
1969	904	886	211	586	2,587	2,920
1970	1,910	929	189	643	2,771	3,378
1971	1,056	732	168	777	2,733	3,414

CARE AND AFTER-CARE

MEDICAL LOANS SERVICE

A comprehensive medical loans service is provided by the County Council. The British Red Cross Society acting on an agency basis administers the service in most parts of the County area. A direct service has been provided in the Haltemprice, Filey and Withernsea areas which when necessary is supplemented through the British Red Cross Society. The total number of issues of equipment was as follows:—

British Red Cross Society	1,433
Filey	63
Haltemprice	423
Withernsea	117

Hospital beds and mattresses are available for patients requiring these and during 1971 56 issues of this type of equipment were made.

Early in the year a survey of the medical loan equipment available showed that there was insufficient to meet the expanded demand as more people were discharged from hospital to the care of the Home Nursing Service. The budget for medical loans was considerably increased in 1971/72 and the stock and the standard of equipment has been improved. It will be necessary for this increased provision to continue for at least a further year in order to bring this service up to an acceptable level.

Special equipment such as air beds have been made available and there has been a substantial increase in the use of sheepskin pads for the prevention of bed sores.

CHIROPODY SERVICE

Chiropody under the County Council Scheme is provided on medical grounds and patients are recommended for treatment by their family doctor or by the medical and nursing staff of the Health Department. Most of the patients who receive treatment are elderly and their foot disabilities are associated with other types of illness.

In 1971, 629 new patients were referred for treatment. The number of patients who died or were discharged was 359, leaving a net increase of patients on the chiropody register of 270. A total of 2,766 patients received treatment of which 520 (approximately 19%) were under 65 years of age. The number of patients under 65 does, however, show a considerable increase over previous years.

The following table shows the number of treatments given:—

In County Council Clinics	2,116
In Patients' Homes	8,118
In Old Peoples' Homes	148
In Chiropodists' Surgeries	401

Total	10,783
-------------	--------

The Authority has been fortunate in retaining a full complement of staff. Experience has shown that a whole-time chiropodist can deal with approximately 400 patients on an eight week cycle depending on their location and the ratio of clinic to domiciliary treatment.

An additional whole-time chiropodist was appointed in November and the staff now comprises five whole-time chiropodists and five part-time chiropodists. In addition eight private chiropodists are employed on a payment per case basis.

CERVICAL CYTOLOGY

Clinics for cervical cytology are held in County Council premises at Anlaby, Cottingham, Beverley, Driffeld, Bridlington and Pocklington Health Centre; elsewhere special sessions have been arranged where the number of local requests has been sufficient to justify the holding of a clinic. In some cases the mobile clinic has been used for this purpose. A total of 66 sessions were held of which 455 first attendances were made; no positive cases were reported. Seven hundred and nine women who underwent this test five years ago were recalled for routine testing.

The number of women attending Cytology Clinics dropped in 1971 but as arrangements were also made for this test to be undertaken at Family Planning Clinics this must be taken into account in the overall picture. A total of 826 such tests were carried out in these clinics, an increase of 316 over 1970.

RENAL DIALYSIS

Two patients were discharged from the Renal Dialysis Unit in Hull for home dialysis and there are now four patients on regular home dialysis in the County. The homes of both these patients were adapted to accommodate the equipment required. Towards the end of the year the Authority was notified of two further patients who will shortly be discharged from Hospital but in the case of one of these patients the home was unsuitable for adaptation. Arrangements were, therefore, made for a portable unit (Portakabin) to be installed in the garden of this house.

VENEREAL DISEASE

Clinics for the diagnosis and treatment of venereal disease are held under the auspices of the hospitals in Hull, York and Scarborough. The following figures show the number of East Riding residents who attended these clinics and the type of condition dealt with.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Venereal Conditions</i>
Mill Street Clinic, Hull	—	27	159
County Hospital, York	—	3	45
St. Mary's Hospital, Scarborough	1	8	22

The total number of patients attending for treatment was 265 compared with 267 in 1970.

There is a close liaison between the Local Authority and the Consultant Venereologists. Every assistance is given when required in the tracing of contacts.

The Consultant in charge of the Clinic in Hull which deals with patients in the County Borough of Kingston Upon Hull and a substantial area of the East Riding surrounding Hull has reported

that the incidence of venereal disease rose by a further 16% in 1971 making a rise of 40% in the last two years after a period of 15 years during which the figures remained reasonably stationary. There appears to be no medical problem in dealing with venereal diseases apart from staffing and coping with the increased numbers. The consultant reports that there has been no difficulty in the tracing of contacts.

HEALTH EDUCATION

Health Education activities have continued on similar lines to previous years under the day to day direction of the Divisional Medical Officers. Talks, exhibitions and displays have been arranged in all Child Health Centres covering a variety of subjects, and special sessions have been held in a number of areas, to which mothers have been invited.

Requests are received regularly from women's organisations, youth clubs and others to give talks on various aspects of health. The subject matter of these talks has been diverse and has included cervical cytology, the work of the health visitor, personal hygiene, smoking and health, etc. Films were shown, including "To Janet a Son", "Child Care" and a film on cervical cytology. Apart from these special sessions, health education work in the field has consisted of individual advice to mothers at Child Health Clinics and in their homes.

In addition, several talks and discussions on drugs have been arranged in youth clubs. In two secondary schools joint meetings between the staff and the parents were arranged at which talks were given on the drug problem, followed by an open discussion. Some two hundred children attended these sessions, most of them accompanied by their parents. As a result of the lively discussion, and the many questions which followed it was generally considered that this form of presentation was probably one of the best methods of imparting information about drugs and their abuse.

A number of young people in schools received instruction on artificial respiration by the mouth to mouth method.

Lectures were given by a number of the nursing staff to pupils in senior schools in connection with the Duke of Edinburgh's Award Scheme. The subjects covered in these talks consisted of child care, personal hygiene and public health in general.

REGISTRATION OF NURSING HOMES

One private nursing home is registered in the area. The powers and duties under the Public Health Act have been delegated to the Bridlington Corporation in respect of the Borough of Bridlington. One private nursing home is registered there offering 18 beds for medical cases.

MEDICAL EXAMINATION OF FIREMEN

Revised medical standards for full-time members of the Fire Service were introduced by the Home Office. These standards included the introduction of a periodic examination of all members of the service over 40 years of age. These proposals were accepted by the Council and a medical examination was carried out on all those members of the Service who were over the age limit.

CAPITAL BUILDING PROGRAMME

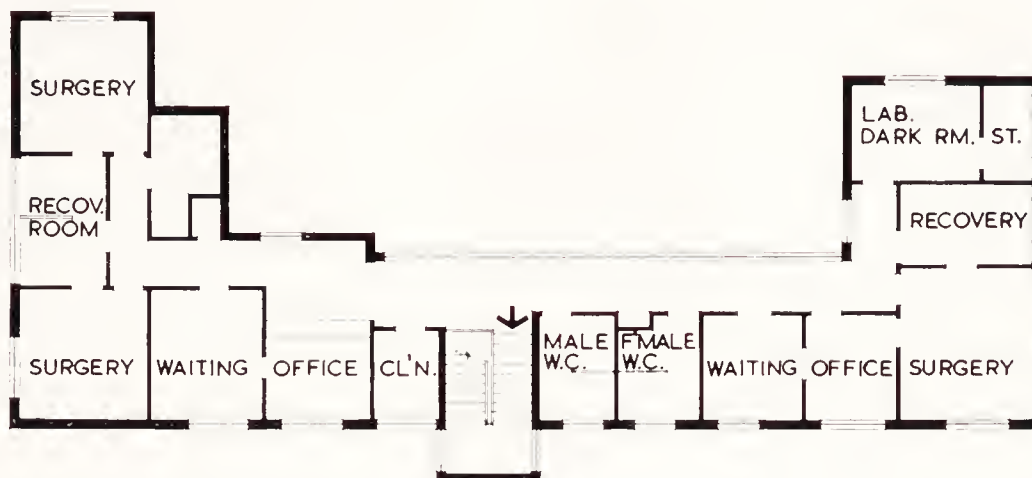
In July a letter was received from the Department of Health and Social Security confirming the announcement that the Government had decided to authorise increased capital expenditure on infrastructure works in the development and intermediate areas to help alleviate unemployment, particularly in the construction industries.

Local authorities falling wholly or partly within such areas were asked to examine their capital building programmes in respect of all key sector expenditure for which they had intended to seek approval over the next two financial years, with a view to considering whether there were any schemes which they would wish to submit for inclusion in this special programme. The schemes which could be included were those which could be completed by the end of March, 1973.

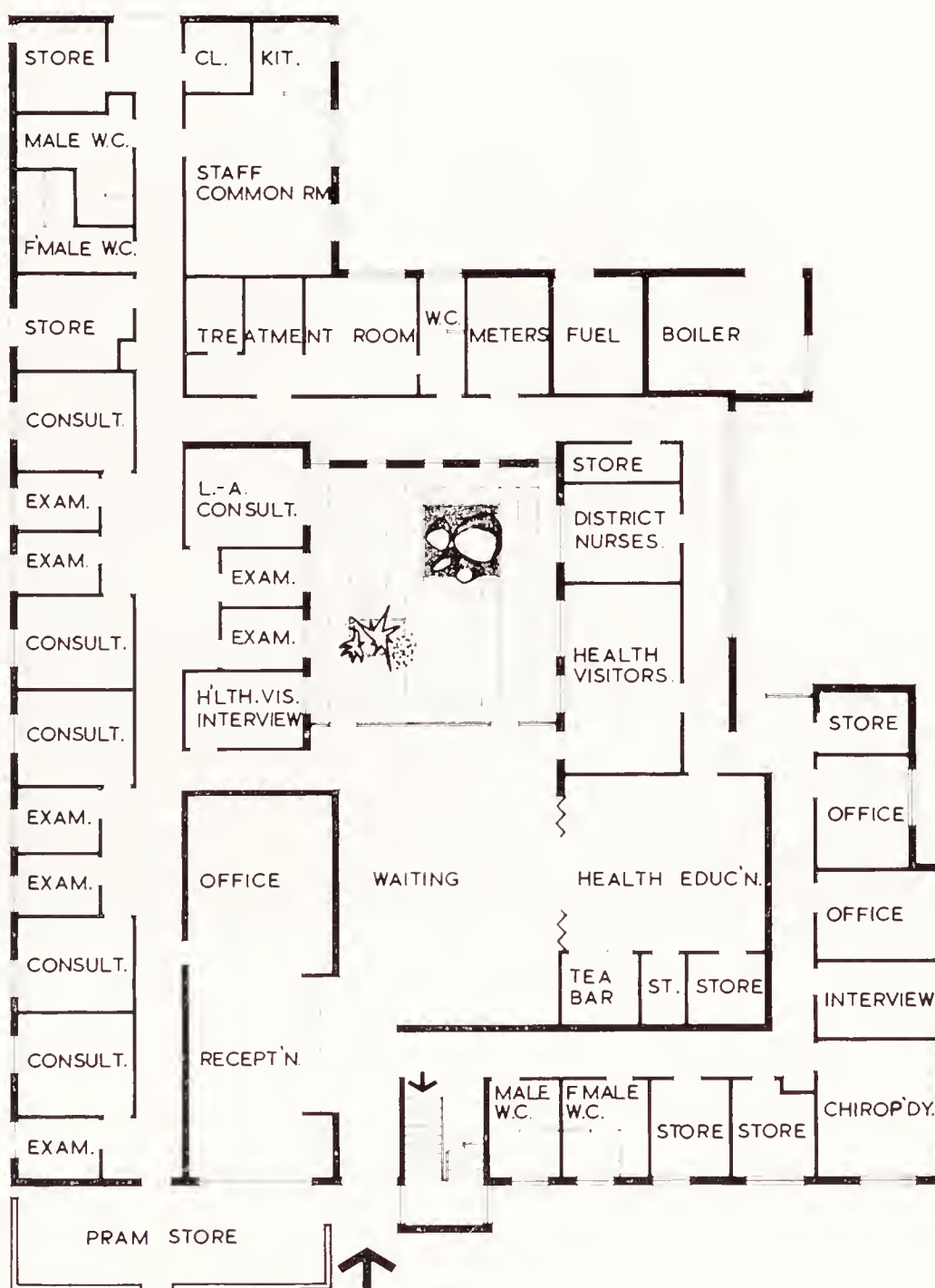
As a result of this letter and the Secretary of State's request for a three year development programme, the County Council agreed the following programme:—

Financial Year	Project	
Infrastructure Programme	Cottingham Pocklington Hornsea Howden	Extensions to existing clinic Improvements to Ambulance Station Improvements to Ambulance Station Improvements to Ambulance Station
1972/73	Elloughton Leven Bridlington	Health Centre Health Centre Improvements to Ambulance Station
1973/74	Hornsea Newport Beverley	Health Services Clinic Health Centre New Ambulance Headquarters
1974/75	Hedon Willerby Withernsea	Health Services Clinic Health Services Clinic Health Services Clinic

The Authority now has two health centres, the second of which was completed at Hessle in November and an outline plan of the Centre is reproduced on page 35 and the photographs on pages 36 and 37 show the exterior of the building and the waiting area?



FIRST FLOOR PLAN



GROUND FLOOR PLAN.

Hessle Health Centre



Health Centre, Hesse



Waiting Area, Health Centre, Hessle

Section 3. — Sanitary circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1971

During 1971, the following schemes of sewerage and sewage disposal and water supply were submitted to the County Council and in each case it was possible to inform the District Councils and the Water Board concerned that it was not desired to offer any observations for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944:—

- Bridlington R.D.C. . . . Replacement of the sewers and the provision of new sewage disposal facilities for the village of Flamborough.
- Pocklington R.D.C. . . . Provision of joint sewerage and sewage disposal facilities for the villages of Fangfoss, Spittal and Bolton.
- East Yorkshire (Wolds Area) Water Board . . . Provision of mains water supply to five properties at Etton.

In the case of a scheme for providing joint sewerage and sewage disposal facilities for the villages of Atwick and Bewholme, the County Council informed the Holderness Rural District Council that for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944, they were of the opinion that any proposed scheme of sewerage and sewage disposal should be designed so as to be capable of extension to serve the whole of the parish of Bewholme and any possible future holiday dwelling development at Atwick.

The County Council undertook to make contributions under these Acts to the undermentioned authorities in respect of schemes of sewerage and sewage disposal and water supply:—

- Beverley M.B. Provision of piped water supply to the village of Weel (contribution considered annually).
- Beverley R.D.C. Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually).
- Derwent R.D.C. North Duffield and Skipwith Sewerage and Sewage Disposal Scheme.
- Driffield R.D.C. Bainton Sewerage Scheme.
Regional Water Supply Scheme (contribution considered annually).
- Holderness R.D.C. Ganstead and Coniston Sewerage Scheme.
- Howden R.D.C. Trunk link main from Spaldington Water Tower to Howden (contribution considered annually).
- Water main extensions in ten parishes in the Rural District (contribution considered annually).

	Water Supplies Co-ordination Scheme (contribution considered annually).
Pocklington R.D.C.	Water Supplies Co-ordination Scheme (contribution considered annually).
	Water main extensions in the parish of Kirby Underdale (contribution considered annually).

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1970/71, under Section 56(1) of the Local Government Act, 1958, to the Haltemprice Urban District Council towards the cost of carrying out the West Hull and Haltemprice Joint Main Drainage Scheme.

Contributions under Section 56(1) of the above Act were, however, made to the Beverley Corporation, the Hedon Corporation and the Withernsea Urban District Council in respect of the financial year 1970/71 towards the cost of providing sewerage and sewage disposal facilities.

Section 4. — Inspection and Supervision of Food

FOOD AND DRUGS ACT, 1955

REPORT OF THE CHIEF SAMPLING OFFICER

The primary responsibility of the County Council as a Food and Drugs Authority is to ensure that food on sale to the public is not harmful to health, and that the quality of the food meets the standards demanded by the buyer or imposed statutorily by Regulations. The Act does not seek to prevent the sale of cheap products of inferior quality, provided that purchasers are not led to believe they are getting a superior product. Foods must be fairly and accurately labelled and described, so as not to mislead, and in many cases they must comply with statutory standards of composition. Claims for nutritional or dietary attributes must be justified.

Early in the nineteenth century the advancement of scientific knowledge and of accurate chemical analysis procedures, facilitated the recognition of adulterants in food and led to the introduction of The Adulteration of Food and Drink Act, 1860. This Act set out to curb the widespread practice of the deliberate adulteration of food and it was the forerunner of the present food control statutes. The Act made it an offence to sell food which was adulterated or not pure, and it is most likely that the majority of foods on sale today, would offend against this law. It was directed at that time to preventing the fraudulent debasing of food, whereas present laws tend to encourage the adulteration of food providing it is not injurious to health. This encouragement, in the form of permitting additives — emulsifiers and stabilisers, preservatives, mineral hydrocarbons, colouring, antioxidants, artificial sweeteners, solvents — and tolerating other contaminants — arsenic, lead, flourine — within certain defined limits, necessitates a very complicated set of rules to provide foods suitable and safe under modern conditions of production, storage and marketing. These rules together with an ever widening range of foods for which compositional standards are imposed, provide comprehensive, yet effective, controlling instruments that are probably wider reaching in impact than was ever envisaged in 1860.

In carrying out their duties, in all parts of the County, (except Haltemprice, where the Urban District Council is the Food and Drugs Authority), sampling offices have examined a wide range of food products to ensure that they were correctly labelled and described. A summary of the samples submitted for analysis is given overleaf.

	No. of samples analysed	No. of samples found to be unsatisfactory
Beverages	18	1
Bread	20	
Cheese	15	1
Confectionery	21	1
Fats	26	
Fish and Meat Products	154	13
Fruit and Vegetables	33	
Fruit and Vegetables (canned or processed) . . .	11	
Ice-cream	16	1
Intoxicating Liquor	18	2
Milk	163	5
Milk Products	10	1 (cream)
Preservatives	15	
Seasonings	9	
Miscellaneous	32	
	561	25

The appropriate advisory or administrative action was taken in respect of the 25 samples reported as unsatisfactory.

The irregularities in the samples concerned:—

- Meat or fish products—deficient in meat or fish (11)
- Meat or fish products—containing excess of sodium nitrite (1)
- Milk—deficient in fat (3)
- Milk—containing extraneous water (2)
- Cream—deficient in fat (1)
- Ice-cream—deficient in fat (1)
- Intoxicating liquor—deficient in proof spirit (3)
- Confectionery—wrongly described (1)
- Cheese—excess moisture (1)
- Pigs liver—contained excess of lead (1)

Investigations and enquiries into factors concerning the sample of pigs liver are not complete, but they are indicating some interesting results. It has been ascertained that the pig from which the liver came, had been fed with food containing lead. Other animal feeds have also been found to contain lead and as certain ingredients of the animal feeds are also common to some human foods, sampling is now being directed against these ingredients, and the foods likely to contain them. The full result of this sampling programme is not yet available and it is likely that the investigations will take several months to complete. Early indications are that there is no danger, either to humans or animals, concerning the degree of contamination, but every endeavour is being made to get full and accurate assessment.

A retailer was cautioned in respect of stocks of cranberries, carelessly stored—they had deteriorated in quality, weight and description.

Arising from complaints received from purchasers, six prosecutions were instituted:—

Three for broken glass found in bottles of school milk—Fines of £5; £20 and £20.

One for foreign matter found in a bottle of school milk—Fined £10.

One for broken glass found in a jar of instant coffee—Packer fined £50.

One for a bottle of lemonade contaminated with a phenol substance—Producer fined £10.

Ten other complaints concerned:—

Glass in Milk—available evidence not sufficiently strong to warrant prosecution.

Dirty milk carton—Producer advised and cautioned.

Bread and margarine served instead of bread and butter—this complaint not substantiated.

Mint rock with a revolting taste—this was probably caused by the accidental addition, during manufacture, of a quantity of citric acid. Citric acid is used in some flavoured rocks, and there was no danger to health.

Meat, unfit for human consumption — meat had been delivered to a school canteen two days before it was to be used, it was stored properly in the refrigerator and it was impossible to determine how and when deterioration had taken place.

Hidden centre fruit filled dessert—the complaint was that no fruit was included. The manufacturer of a blancmange with a hidden fruit centre was so successful with his product, that the fruit could not be found at all. These were isolated packs and the manufacturer agreed to increase vigilance on the production line.

Milk—delivered in a churn with a dirty lid—this was a delivery to a school canteen and as the milk had been packed in Hull, the Hull Health Department was informed. It was subsequently reported that the deposit on the lid was congealed milk solids and the firm responsible had been cautioned.

A complaint respecting a mouldy meat pie was referred to the Beverley Rural District Council Health Department and subsequently the retailer was cautioned.

A complaint regarding the quality of liver pate was not substantiated.

A bottle of school milk was found to contain a drinking straw, this was referred to the Hull Corporation Health Department and the producer in this case was subsequently prosecuted and fined £25.

On two occasions the Hull Authority asked us to sample milk from farms in the County consigning milk to a Dairy in Hull. In both cases extraneous water had been found in the milk. Sampling at the farms confirmed the suspicion of water and in one case the producer was fined £15 on each of four charges and in the second case the extraneous water had entered the milk because of a pipe line fault and as this producer was in any case giving up production, no further action was taken by the Hull Authorities.

The average standards of the 163 milk samples were:—

	Fat %	Solids not fat %
Untreated	3.60	8.78
Pasteurised	3.72	8.55
Channel Island	4.78	9.18
Sterilised	3.72	8.73

CONTAMINATION OF FOODSTUFFS BY TOXIC CHEMICALS

During 1971, as part of the normal sampling programme in the East Riding, 36 samples were submitted to the Public Analyst for testing for pesticide residues. Four of these were found to contain slight traces of pesticide residue, but at a level acceptable within existing legal requirements.

The Association of Public Analysts issued a report on the 2nd year of the planned sampling scheme to determine the extent of contamination of foodstuffs by toxic chemicals. The report covered the period August, 1967 to July, 1968, and it said that the survey showed no evidence of any gross contamination and none of the results obtained were considered to warrant any vigorous action. However, a further survey is being planned for 1972 and the County Council's Association have been informed that this County will again participate in the Scheme.

ATMOSPHERIC POLLUTION

Towards the end of the year, sampling was undertaken in conjunction with investigations into the extent of lead contamination of the Humber Bank area, and followed the setting up of a working party consisting of officers of the Ministry, the Public Health Departments of Beverley Rural District and Haltemprice Urban District Council, the County Weights and Measures Department, and the Public Analyst.

The investigations are still proceeding and are likely to take some time before a complete picture is obtained. To 31st December, 1971, 16 samples (14 meat and 2 milk) were obtained and these were all reported to be well within the limits permitted by the Lead in Food Regulations.

NEW REGULATIONS AND REPORTS

Pre 1955 Compositional Orders

In this report, the Food Standards Committee recommend:—

- (a) The revocation of the compositional orders for baking powder and golden raising powder, edible gelatine, mustard and curry powder.
- (b) That the orders for tomato ketchup, fish cakes and suet, should continue with certain minor amendments.
- (c) That further consideration be given to the need to prescribing compositional standards for fish coated with breadcrumbs and/or batter.

Bread and Flour Regulations, 1963

A full review of the Bread and Flour Regulations is being undertaken but advanced proposals have been made to extend the-permitted list of additives for flour.

The Bacteriological Examination of Fresh Cream

A circular indicates that a survey has confirmed that pathogenic bacteria are rarely present in fresh cream, and food poisoning incidents which can be traced to fresh cream are few in number. Cream has, however, been found to have a high bacteria content, which results in a loss of keeping quality. This bacteria content is usually the result of contamination during handling and filling of containers, or from the processing plant.

The circular advocates a screening or advisory scheme for testing fresh cream utilising a methylene blue test. Arrangements have been made with the Director of the Public Health Laboratory to receive samples of fresh cream obtained within the East Riding.

The Preservatives in Food (Amendment) Regulations, 1967

These reduce the amounts of sodium or potassium nitrate (limit 500 ppm) and/or sodium or potassium nitrite (limit 200 ppm) which may be added to bacon, ham or pickled meat.

Milk and Dairies Regulations

A high percentage of all milk produced is consumed in liquid form, and is part of the daily diet of every family. Its nature makes it a food which must be produced and handled under strict supervision.

The Milk and Dairies Regulations and the Milk (Special Designations) Regulations, endeavour to ensure the production and sale of clean safe milk, and responsibility for enforcement is divided between the Ministry of Agriculture Fisheries and Food and Local Authorities.

All processing plants and dealers' premises have to be licensed by the Local Authority, and inspections are made of plant, equipment, records and storage facilities. The effective systematic sampling of raw and processed milk, at all stages between production and sale is of prime importance in safe-guarding purity.

A total of 5,036 samples of milk have been obtained from farms, heat treatment plants, and retailers. These have been submitted to the Public Health Laboratory for tests to be made in respect of general cleanliness and hygiene (methylene blue test), correct and efficient heat treatment where appropriate, (phosphatase or turbidity test) and biological or other examination to detect evidence of tubercle or brucellosis.

At the end of the year there were 518 dealers' licences in force, and eight heat treatment plants were operating. Sampling and inspections have been carried out regularly—pasteurisation plants received 189 visits of inspection and 245 visits were made to the premises of milk dealers.

During 1971 there were 41 farms in the County with approximately 1,360 cows producing untreated milk. In accordance with an agreed procedure, special sampling has been undertaken at these farms in our endeavour to trace herds infected with brucellosis. Wherever possible, samples have been obtained from individual cows at the time of milking. Only two animals gave positive samples and of course these animals were removed from the herds. There has been a marked improvement since special attention was paid to this form

of sampling. In 1967, 18 samples proved to be positive and in 1968—19; 1969—8; 1970—5; and in 1971 only 2.

Of the samples of heat treated milk only one failed the phosphatase test which indicates that the heat treatment was not satisfactory. This was due to an instrument failure and was quickly corrected. Forty-one samples failed the methylene blue test and 18 of these arose in the period 1st June to 31st August when a higher failure rate is expected. The tables on page 46 classify the type of sampling and the result.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants in the area.

I wish to record my thanks to the Sampling Officers, the County Medical Officer of Health and his staff, the Public Analyst, Mr. R. T. Hunter and Dr. McCoy of the Public Health Laboratory for their continued co-operation and assistance.

LEWIS KAYE,
Chief Inspector of Weights and Measures
and Chief Sampling Officer.

SOURCE	Number of Samples		Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Pasteur- ised	Untreated	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Heat Treatment Plants.....	198	—	188	1	197	1	—	—
Licensed Dealers.....	364	37	369	22	364	—	82	—
Producer/Retailers.....	—	76	59	14	—	—	—	—
Schools.....	211	—	202	4	—	—	—	—
Totals.....	773	113	818	41	561	1	82	—

UHT—37 samples satisfactory.

Biological and Brucella Abortus Examination of Milk

SOURCE	Number Samples	Biological Examination				Brucella Abortus Examination			
		Tubercle		Brucella Abortus		Milk ring test		Culture test	
		Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive
Farm samples.....	3,961	—	—	—	—	3,890	71	3,959	2
Producer/Retailer.....	54	54	—	54	—	—	—	—	—
Licensed Dealers.....	16	16	—	16	—	—	—	—	—
Schools.....	—	—	—	—	—	—	—	—	—
Totals.....	4,031	70	—	70	—	3,890	71	3,959	2

Cream — of 13 samples of cream, 4 failed the Methylene Blue test. 4 samples of untreated cream were negative to the Brucella Abortus Culture Test.

VETERINARY INSPECTION OF DAIRY HERDS

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for information about the inspection of dairy herds. He states that 400 herds were inspected involving 1,344 cattle. No cases of tuberculosis have been dealt with under the Tuberculosis Order 1938 but five cows were found to be positive for tuberculosis at a post mortem. None showed tuberculous lesions of the udder.

Section 5. — Prevalence of and Control over
Infectious and other Diseases

NOTIFIABLE INFECTIOUS DISEASES — 1962 to 1971

The numbers of notifications during the last ten years of the various notifiable infectious diseases are shown in the following table:—

Disease	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Scarlet Fever.....	39	64	62	71	51	89	137	143	125	62
Whooping Cough.....	8	206	169	56	65	169	41	6	52	105
Diphtheria.....	—	—	—	—	—	—	—	—	—	—
Measles.....	741	3,409	1,268	3,543	966	2,953	1,790	94	2,744	428
Meningococcal Infection.	4	4	3	—	2	2	1	20	13	15
Acute Poliomyelitis:										
Paralytic.....	2	—	1	—	—	—	—	—	—	—
Non-Paralytic.....	—	—	—	—	—	—	—	—	—	—
Enccephalitis:										
Infective.....	1	—	—	—	—	—	—	—	—	—
Post-Infectious.....	—	—	—	—	—	—	—	—	—	—
Dysentery.....	277	44	127	157	226	166	131	103	135	51
Ophthalmia Neonatorum.	2	—	1	—	—	—	—	—	—	1
Smallpox.....	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever.....	1	3	1	1	—	1	1	—	—	—
Typhoid Fever.....	—	4	1	—	—	—	—	—	—	—
Food Poisoning.....	55	41	30	36	30	48	255	138	100	117
Malaria.....	—	—	1	—	1	—	—	—	—	—
Tuberculosis:										
Pulmonary.....	41	34	38	33	16	19	24	25	25	29
Meninges and C.N.S...	—	1	—	2	—	—	—	—	—	1
Other Forms.....	5	9	3	4	2	4	3	4	1	6
Anthrax.....	—	—	—	—	—	—	—	—	—	—
Infective Jaundice.....	—	—	—	—	—	—	64	121	32	19
Leptospirosis*.....	—	—	—	—	—	—	—	—	—	—
Tetanus*.....	—	—	—	—	—	—	—	—	—	—
Scabies.....	—	—	—	—	—	—	—	—	52	36

* Not notifiable until 1969.

TUBERCULOSIS

The consultant chest physicians with administrative centres in Hull, Pontefract and York and the assistant chest physicians working with them are responsible for the preventive side of tuberculosis and for dealing with any special problems associated with care and after care in the rehabilitation of any patient resident in the County. The chief link with the County Health Service is through the health visitor all of whom visit tuberculosis cases when required.

A specialised tuberculosis health visitor has, however, been appointed in conjunction with the County Borough of Kingston Upon Hull to visit such patients within the City boundary and the areas of the County immediately surrounding it. This officer visited 8 tuberculosis households in the County area and paid follow-up visits to 33 contacts.

On the recommendation of the chest physicians, patients being treated in their own homes are supplied with extra milk. Seven such patients were supplied with milk for varying periods.

The chest physicians have also been responsible for arranging B.C.G. vaccination for contacts where they consider this to be advisable and 169 persons have been vaccinated. This figure includes 23 infants vaccinated soon after birth. Details of B.C.G. vaccination of school children against tuberculosis are given elsewhere in this report.

No special case finding surveys were undertaken but the Mass Radiography Unit based in Hull has visited various places in the County at regular intervals. A total of 6,337 people attended at these sessions amongst whom one case of active tuberculosis has so far been diagnosed.

NEW CASES

Twenty-seven Primary notifications of tuberculosis were received (24 pulmonary and 3 non-pulmonary).

Table I.
Cases of Infectious Disease Notified Amongst County Residents
URBAN DISTRICTS

DISEASE	Total	Beverley	Bridlington	Driffeld	Filey	Haltemprice	Hedon	Hornsea	Norton	Withernsea
Measles	205	11	19	13	—	143	—	1	16	2
Dysentery	47	—	—	—	—	47	—	—	—	—
Scarlet Fever	30	11	1	—	—	12	—	6	—	—
Whooping Cough	47	2	—	—	—	19	—	2	—	24
Infective Jaundice	11	—	—	—	—	10	—	—	—	1
Resp. T.B.	15	1	6	—	—	6	—	—	—	2
Meninges T.B.	—	—	—	—	—	—	—	—	—	—
Other Forms T.B.	5	2	1	—	—	2	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—
Acute Meningitis	9	3	—	—	1	4	—	1	—	—
Acute Encephalitis Inf.	—	—	—	—	—	—	—	—	—	—
Post Infective	—	—	—	—	—	—	—	—	—	—
Ophthalmia	1	—	—	—	—	1	—	—	—	—
Polio Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—
Food Poisoning	108	2	3	—	—	103	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—
Plague, Cholera, Anthrax, Smallpox, Typhus, Relapsing Fever, Yellow Fever	—	—	—	—	—	—	—	—	—	—
Scabies	36	—	—	—	—	36	—	—	—	—

Table II.

Cases of Infectious Disease Notified Amongst County Residents

RURAL DISTRICTS

[illegible]

Table III.

Vital Statistics for the Administrative County, the Divisional Health Areas, and for Urban and Rural Districts in the East Riding during 1971

DISTRICT	POPULATION		BIRTH AND DEATH RATES PER 1,000 OF THE POPULATION											STILLBIRTHS		DEATHS OF CHILDREN UNDER ONE YEAR OF AGE	
	Census 1961	Estimated mid-year 1971	Live Births				Illegitimate Live Births		Deaths								
			No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Percentage of Live Births	No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate per 1,000 total births	No.	Rate per 1,000 live births	
Administrative County	224,031	259,510	3,772	14.5	1.05	15.2	193	5	3,178	12.2	0.89	10.9	42	11	53	14	
M.B.'s and U.D.'s	114,086	131,410	1,744	13.3	1.07	14.2	111	6	1,823	13.9	0.80	11.1	17	10	24	14	
Rural Districts	109,945	128,100	2,028	15.8	1.03	16.3	82	4	1,355	10.6	0.99	10.5	25	12	29	14	
BUCKROSE DIVISION																	
Bridlington M.B.	26,023	26,770	302	11.3	1.24	14.0	29	10	512	19.1	0.64	12.2	6	19	7	23	
Driffield U.D.	6,892	7,930	113	14.2	1.04	14.8	2	2	145	18.3	0.61	11.2	3	26	1	9	
Filey U.D.	4,703	5,230	53	10.1	1.36	13.7	2	4	111	21.2	0.67	14.2	—	—	—	—	
Bridlington R.D.	8,814	8,560	95	11.1	1.17	13.0	4	4	96	11.2	0.84	9.4	2	21	2	21	
Driffield R.D.	10,862	9,490	136	14.3	1.06	15.2	10	7	107	11.3	1.02	11.5	3	22	2	15	
Totals	57,294	57,980	699	12.0	—	—	47	5	971	16.2	—	—	14	18	12	14	
HALTEMPRICE DIVISION																	
Haltemprice U.D.	42,386	53,220	661	12.4	0.98	12.2	33	5	590	11.1	0.94	10.4	2	3	9	14	
HOLDERNESSE DIVISION																	
Beverley M.B.	16,031	17,130	301	17.6	1.01	17.8	26	9	171	10.0	1.02	10.2	3	10	2	7	
Hedon M.B.	2,345	2,580	47	18.2	1.14	20.7	2	4	37	14.3	0.87	1.24	—	—	1	21	
Hornsea U.D.	5,955	7,140	91	12.7	1.17	14.9	2	2	102	14.3	0.71	10.2	1	11	2	22	
Withernsea U.D.	4,981	5,930	104	17.5	1.15	20.1	12	12	93	15.7	0.78	12.2	1	10	1	10	
Beverley R.D.	23,213	32,520	538	16.5	0.96	15.8	15	3	311	9.6	0.99	9.5	6	11	6	11	
Holderness R.D.	20,409	24,820	429	17.3	1.00	17.3	12	3	248	10.0	1.07	10.7	6	14	6	14	
Totals	72,934	90,120	1,510	16.6	—	—	69	6	962	12.3	—	—	17	9	18	14	
HOWDENSHIRE DIVISION																	
Norton U.D.	4,770	5,480	72	13.1	1.12	14.7	3	4	62	11.3	0.81	9.2	1	14	1	14	
Derwent R.D.	13,648	18,050	283	15.7	1.02	16.0	10	4	214	11.9	0.87	10.4	1	4	5	18	
Howden R.D.	12,038	12,400	202	16.3	1.06	17.3	12	6	147	11.9	0.99	11.8	2	10	2	10	
Norton R.D.	7,015	6,480	103	15.9	1.09	17.3	7	7	61	9.4	1.03	9.7	1	10	2	19	
Pocklington R.D.	13,946	15,780	242	15.3	1.10	16.8	12	5	171	10.8	1.01	10.9	4	16	4	17	
Totals	51,417	58,190	902	15.3	—	—	44	5	655	11.1	—	—	9	10	14	16	

Table IV.**VITAL STATISTICS OF WHOLE DISTRICT DURING 1971,
AND PREVIOUS YEARS**

YEAR	Estimated Population	LIVE BIRTHS		NET DEATHS BELONGING TO THE DISTRICT			
				Under 1 year of age		At all ages	
		Number	Rate	Number	Rate per 1,000 Live Births	Number	Rate
*1950/ 59	216,167	3,153	14.6	75	24	2,623	12.1
1960	224,470	3,477	15.5	67	19	2,745	12.2
1961	224,510	3,573	15.9	60	17	2,938	13.3
1962	228,530	3,735	16.3	65	17	2,857	12.5
1963	232,170	3,885	16.7	81	21	2,987	12.9
1964	237,300	3,956	16.7	72	18	2,894	12.2
1965	241,520	3,984	16.5	72	18	3,056	12.7
1966	245,310	3,838	15.6	76	20	3,203	13.1
1967	248,330	3,850	15.5	60	16	3,080	12.4
1968	250,840	3,759	14.9	63	17	3,274	13.1
1969	252,830	3,766	14.9	59	16	3,299	13.0
1970	225,410	3,762	14.2	43	12	3,053	12.0
1971	259,510	3,772	14.5	53	14	3,178	12.2

*Average rate for 10 years

Table V.**Rainfall Returns, 1971**

Station	Height of rain gauge above sea level	Observer	Total Rain- fall	Number of days on which one-tenth of an inch or more of rain fell	Average rainfall during the 10 years 1961 to 1970
Hempholme	11 feet	Mr. D. M. Ward	inches 23.46	130	inches 27.34
Beverley	34 feet	Municipal Offices, Bev.	22.47	179	26.74
North Cave	35 feet	Meteorological Office (Leeds)	20.85	112	26.64
Hornsea	35 feet	Mr. W. C. Archer	20.63	222	26.17
Bridlington	60 feet	Mr. R. Williamson	24.83	173	28.81
Lowthorpe	63 feet	Mr. C. Kettlewell	22.68	165	25.25
Scampston	100 feet	Mr. F. Hodgson	21.39	149	25.12
Filey	122 feet	Filey U.D.C. Offices . . .	22.87	150	25.63
Dalton Holme . .	150 feet	Lord Hotham Estate . . .	23.10	164	28.81
Birdsall	304 feet	Birdsall Estate Co. Ltd.	24.27	176	29.33

My thanks are due to the observers for their kindness in sending the monthly returns.



EAST RIDING OF YORKSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1971

Report of the Principal School Medical Officer

*To the Chairman and Members of the
Education Committee*

I have the honour to submit the Annual Report on the work of the School Health Service for the year 1971.

There were no changes in the medical staff; two additional Educational Psychologists were appointed and commenced duty in September.

As a result of the appointment of the two Educational Psychologists it has been possible to implement the multi-disciplinary approach for the ascertainment and continuous assessment of all educationally subnormal children in the County.

Pre-school children are assessed developmentally by means of routine screening tests, and these are usually carried out in Child Health Centres. Even in the early months or years of a child's life, a fairly accurate assessment can be made of the extent of the child's handicap, and at this stage consultation between parents, psychologists, medical officers, speech therapists, social workers, etc., is carried out whenever this is indicated. In order to achieve their full potential, children with multiple handicaps may, in addition, require the help of various consultants in the Hospital Service.

During the first year in school all children have a routine medical examination and specific screening tests, and a handicapped child who has not been discovered during pre-school years should be picked out at this stage.

Following the implementation of the Education (Handicapped Children) Act, 1970, from the 1st April, 1971, arrangements have been made for a Senior School Medical Officer to be responsible for advising the staff in all special schools in the County on any problems arising in connection with mentally handicapped children, and visits will be made to schools informally as frequently as possible each term.

In some areas there has been an increase in head infestation, and as a result the arrangements for carrying out routine head inspections were reviewed. In 1963 it was agreed to limit routine head inspections in secondary schools to girls under the age of fifteen years but since then it has become fashionable for boys to let their hair grow longer, and the possibility of infestation occurring in their

hair has, therefore, considerably increased. In view of this it was agreed that both boys and girls in secondary schools under the age of fifteen years should have a routine examination at least once a year in the autumn term.

In recent years it has been difficult to recruit speech therapists and in order to improve the present position arrangements were made for joint appointments between the Local Authority and the Hospital Management Committees in the area so that therapists could work in both fields if they so wished. Emphasis was also given to the opportunity that exists for speech therapists to develop special interests in association with University Departments or other academic bodies. Despite these inducements and repeated advertising no applications were received, and at the end of the year the equivalent of 2.2 therapists were in post out of an establishment of four.

I am indebted to the Chairman and Members of the Committee, and the Chief Education Officer and his staff, for their continued encouragement and support in the work of the School Health Service.

W. FERGUSON
Principal School Medical Officer

April, 1972

GENERAL STATISTICS

Number of Schools—Primary.....	151
Secondary.....	21
Nursery.....	1
Special	3
Number of Pupils—Primary	26,324
Secondary	16,418
Nursery	40
Special (a) From the County	192
(b) From other Authorities ..	29
	<hr/>
	Total 43,003
	<hr/>
Number of pupils attending special schools in other Authorities areas	132

MEDICAL INSPECTIONS

The number of pupils who received a full medical examination was 7,789 compared with 7,939 in 1970. In addition 3,820 pupils were screened but not examined. The details relating to these examinations are shown in the tables on page 21.

General Condition

The assessment of the general condition of all children examined at routine medical inspections is based on the individual opinion of each doctor. Medical Officers record the general condition of the children when examined as either 'satisfactory' or 'unsatisfactory'. The results over the last ten years are shown in the following table:—

Year	No. of pupils inspected	No. found in "unsatisfactory" condition	Percentage
1962	8,776	2	0·02
1963	9,251	5	0·05
1964	8,724	3	0·03
1965	8,298	2	0·03
1966	8,693	5	0·06
1967	7,416	1	0·01
1968	8,126	3	0·03
1969	7,949	1	0·01
1970	7,939	—	0·00
1971	7,789	—	0·00

WORK OF SCHOOL NURSES

The school nurses carried out regular routine health surveys in schools and paid follow-up visits where necessary. Their work also included attendance at routine and special examinations in schools, minor ailment clinics and home visits when required.

The following tables show the total number of visits, the number of children examined, and the number found infested:—

Visits to schools:	1970	1971
Number of routine health survey examination sessions	549	548
Number of health survey examinations carried out	71,245	67,261
Number of children found infested	533	427
Number of follow-up visits	94	77
Visits to homes:		
Number of homes visited	907	764
Number of children seen for:—		
Uncleanliness	488	382
Minor ailments	72	96
General condition	9	5
Other reasons	539	474
Totals	1,108	957

The following table gives particulars of cleanliness inspections carried out over the last ten years:—

Year	Number of examinations	Number of children infested	School population	Percentage of school population infested
1962	56,797	356	33,608	1.1
1963	59,868	408	33,635	1.2
1964	62,466	567	33,899	1.7
1965	62,091	415	34,618	1.2
1966	55,740	427	35,390	1.2
1967	60,607	404	36,839	1.09
1968	61,236	277	38,214	1.72
1969	60,941	372	39,739	0.94
1970	71,245	533	41,195	1.3
1971	67,261	427	43,003	0.99

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

Refraction clinics continued to be held at Anlaby, Beverley, Fulford, Howden and Pocklington.

A doctor seconded by the Regional Hospital Board staffs the Anlaby and Beverley clinics and a School Medical Officer, who has been specially trained in refraction work, staffs the clinics in the Howdenshire area.

The total number of children seen at the five clinics was 520 and of these 222 were given prescriptions to obtain spectacles from opticians of their own choice.

In those areas of the County where it has not been possible to hold clinics children have continued to be referred to hospital consultants through their family doctors.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

Forty-nine children were found at routine and special medical examinations to be in need of treatment for defects of the ear, nose and throat. In addition 1,100 children were referred for observation.

Special audiometric sessions were held throughout the County and 3,174 children were examined by means of the pure tone audiometer. Eighty cases in which some degree of deafness was discovered were referred to ear, nose and throat consultants through the family doctor.

A part-time teacher of the deaf is employed by the Authority to visit hearing impaired children in their homes in order to carry out assessment when necessary. In addition, parents of these children were instructed by this teacher in the techniques necessary to help their children so that maximum use can be made of the available hearing. Where a hearing aid has been provided parents are instructed in its use.

MINOR AILMENTS

Minor ailment sessions are conducted by the school nurses who refer any case of a more serious nature to the child's family doctor or to the school medical officer.

The table overleaf shows the number of children who attended the minor ailment clinics and the various types of defects which were treated together with the number of children who received home visits by the school nurses.

Defects	1970		1971	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)	2	8	—	2
Ringworm (body)	3	1	—	—
Scabies	22	22	25	9
Impetigo	12	5	11	4
Other skin diseases . .	181	15	111	5
Minor eye defects . . .	47	3	43	21
Minor ear defects and deafness	31	1	21	9
Minor injuries, bruises, etc.	514	1	542	4
Totals	812	56	753	54

The number of attendances for treatment of minor ailments was 1,486 compared with the previous year's figure of 1,711. In addition, school nurses made 96 home visits.

CHIROPODY

A chiropody service has continued to be provided for school children in the Beverley area. A weekly foot clinic is held by one of the Authority's full-time chiropodists to which some 135 children made 487 visits for treatment. The chiropodist's services were required mainly for the treatment of verrucae.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis is available to school children over the age of 13 years and in certain instances it may be offered to children over 10 years of age. It is also available to students at universities and training colleges.

Vaccination was offered to 2,157 children of whom 1,904 (i.e. 88.3%) accepted. A total of 1,642 children were skin tested and of these 1,298 (i.e. 79.0%) showed a negative result and, therefore, required vaccination. Arrangements were made as far as possible for all children who had a positive skin test to be x-rayed and for this facility to be extended to the members of their families.

The following table gives the details of the B.C.G. vaccinations carried out during the past ten years:—

Year	No. of school children skin tested	Positive reactors	Negative reactors	Number vaccinated
1962	2,608	735 (28.2 %)	1,844	1,767
1963	2,634	586 (22.2 %)	1,938	1,907
1964	2,276	368 (16.2 %)	1,839	1,838
1965	2,272	490 (21.6 %)	1,741	1,726
1966	2,705	488 (18.0 %)	2,151	2,137
1967	1,874	260 (13.8 %)	1,581	1,573
1968	2,891	308 (10.7 %)	2,486	2,444
1969	1,831	86 (4.7 %)	1,694	1,683
1970	2,119	258 (12.2 %)	1,828	1,806
1971	1,642	339 (20.6 %)	1,298	1,298

SPEECH THERAPY

In December, the staff comprised one full-time Senior Therapist and three part-time therapists who together provided the equivalent of 2.2 Therapists. At the beginning of the year one part-time speech therapist resigned and despite regular advertising there were no applications for the vacant post. The problem of obtaining sufficient therapists to staff this service adequately is a national one. It was impossible, therefore, to maintain a regular service in all areas of the County, but all children referred were seen by a speech therapist and those with the greatest need were selected for treatment which was given in most cases on a weekly basis.

The authority have encouraged speech therapists to keep up to date in their field of work; the Senior Therapist attended a course of instruction in the assessment of the language of the pre-school child, and another Therapist spent two days studying the use of the electronic metronome for the stammerer. All Therapists attended a series of evening lectures on linguistics and the application of new ideas in speech therapy.

Closer co-operation with health visitors has been encouraged and this has resulted in the early referral of the pre-school child who has not developed the fluency of communication appropriate to his age. This has enabled the speech therapists to assess the need for therapy and give treatment where indicated before these children started school.

Arrangements have been approved for a residential course to be held in 1972 to provide intensive treatment for stammerers.

The following table shows the various types of speech defects treated:—

Type of speech defect	No. of children receiving treatment at end of year	No. of children whose treatment was completed
Articulation defects	56	120
Delayed speech	73	83
Dysphasia	9	2
Voice disorder	1	3
Cleft palate	6	2
Cerebral palsy	—	3
Stammer	13	22
Other defects	7	9
Totals	165	244

PROVISION OF MILK AND MEALS

The Education (Milk) Act, 1971, became operative on the 1st September and this restricted the supply of school milk to three categories of pupils, namely, children in special schools, pupils at infants' schools up to the age of seven, and those at primary schools up to the age of twelve years who had been certified by a School Medical Officer as being in need of school milk on health grounds.

At the end of the year 8,694 children were receiving school milk compared with 20,766 in 1970.

In April the Department of Education and Science increased the price of school meals and this resulted in an immediate reduction from 65% to 53% in the number of pupils taking school meals. There has been a gradual improvement in the latter half of the year and 61% of the pupils are now receiving meals.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The number of dental officers has remained fairly static. The vacancy created by the departure of a dental officer towards the end of 1970 was filled by April, 1971. Mr. Elphick who had been with the authority for ten years retired in September. Mr. Elphick brought a period of stability to the dental position on the western side of the County and his efforts were much appreciated by teachers and parents. Mr. Fletcher who was appointed to replace him took up his duties on 1st October.

Mrs. Fry, the dental auxiliary, left the authority at the end of June after a stay of two years. Although demand for auxiliaries throughout the country is much greater than supply, it is hoped a replacement will be obtained during 1972.

The authority received a visit from a dental officer of the Department of Education and Science in September and the report which

was received at the end of December showed that output of work compared more favourably with national figures. It also suggested a graded staff structure.

Over 500 children took part in a survey carried out by Mr. J. Gardiner of Sheffield University.

Dental Health

Dental health education has been maintained despite the departure of the dental auxiliary. The visits to schools have got a little behind schedule and the yearly visits will not be possible in some cases. Films are an invaluable aid to dental health teaching and by their means a more varied and interesting programme has been provided for the children. For the purposes of dental health some dental officers have visited a number of schools and have reinforced the work of the ancillaries. Parent/Teacher organisations have shown greater interest in dental health and it is expected that more meetings will be arranged.

Inspection and Treatment

The figures for inspection show that the authority is nearer to the goal of inspecting each child annually. Out of a school population of 43,000 the number of children who received an inspection was 35,128. Approximately half this number of children required treatment but only 6,813 children made a first visit for treatment.

A total of 10,070 children are, therefore, left in need of treatment. Some, it is true, will be attending private practitioners but the bulk are refusing treatment from either source — school service or private practitioner service. It is indeed regrettable that more use is not made of the facilities which are specially organised and are readily available for all children.

The treatment figures reflect, to a certain extent, the pattern presented by the inspection figures. Fillings are increased and extractions are decreased compared with the figures for 1970. As many of the children are being seen at least annually, this is to be expected. The number of dentures supplied remained constant. Fewer general anaesthetics were administered and while the number administered by dental officers remained approximately the same, administrations by medical personnel were reduced. Orthodontic patients were more numerous, 19 new cases being commenced over and above the previous year's figures. Discontinued cases fell slightly and it is hoped that this drop will continue to apply. Figures for teeth root filled, inlays, and crowns showed a remarkable similarity but more patients received an x-ray.

The appointment of a full-time orthodontist to Hull Royal Infirmary has resulted in a larger number of patients being referred, some for treatment and some for opinion. This service is much appreciated. Consultant services in York have also been helpful. Fewer surgical problems arose but these were dealt with most adequately.

Whilst fluoride is still missing from the water supplies some children have been receiving fluoride in tablet form and others have had fluoride applications to teeth yet the addition of one part per

million of fluoride to water supplies would provide the readiest and most satisfactory means of protecting children's teeth from caries and benefit all.

I am grateful to those who have contributed to the smooth running of the Dental Service throughout the year.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE SERVICE

The Regional Hospital Board provided the services of a locum Consultant Child Psychiatrist for nine months of the year, and during this time he attended four sessions per week at the child guidance clinic. This increase in consultant time enabled the clinic staff to deal with more cases than hitherto. Shortly before the end of the year the locum completed his period of service, and the position is now only marginally better than it was a year ago with the Consultant Child Psychiatrist spending six sessions per month at the clinic.

In September two further Educational Psychologists were appointed and this permitted additional peripheral child guidance clinics to be started and existing ones to be held more frequently.

Arrangements were made for an Educational Psychologist to visit all the E.S.N. special schools and classes to carry out a programme of intelligence testing and regular re-assessment as part of the multi-disciplinary approach.

The new Educational Psychologists were each given an area of the County, divided equally according to school population and they undertake duties in connection with the School Psychological Service, intelligence testing of E.S.N. children and attend peripheral child guidance clinics in their own area.

One new clinic was opened at Anlaby and at the end of the year it was being held at weekly intervals.

A total of 185 cases were referred for child guidance, an increase of 33 over the figure for 1970, these referrals being mainly from medical and educational sources. Four hundred and eighty-nine clinic sessions were held. The Medical Officer, Educational Psychologists and the Social Workers also made 361 visits to schools and 292 home visits. Of the 185 children referred 99 attended the various clinics regularly for treatment. One hundred and sixty-five cases were closed, and a summary of these cases is given on the following page. At the end of the year 72 children were attending clinics for treatment and 43 cases were on the waiting list.

The following table is a summary of the main types of cases examined by the clinic staff:—

Habit disorders	12
Nervous disorders	11
Behaviour disorders	153
Educational problems . .	9
Total	185

Cases seen at the clinic for the first time were, after diagnosis, placed into the following broad categories according to the type of problem and further clinic work that they would require:—

Clinic Advisory	School Advisory	Home Advisory	Not followed up
122	7	1	15

Summary of cases closed

Improved or completed (advice or treatment)	108
Placement (Special School, Children's Homes etc.)	—
Not followed up (lack of co-operation, parents refused treatment, etc.)	21
Transfer to other areas or agency	36
Total	165

ENURETIC CLINIC

A total of 36 cases were referred to this clinic mainly from child health clinics or by Medical Officers following school medical inspections. A few cases were referred by General Practitioners and Consultant Paediatricians. Seventeen cases were also brought forward from the previous year.

No. of attendances made	161
No. of cases completed	26
No. of uncompleted cases	21
No. of children on the waiting list	3
No. of children who failed appointments	3

HANDICAPPED PUPILS

The Education (Handicapped Children) Act, 1970, became operative on the 1st April, 1971, and the effect of this was to bring all mentally handicapped children from the age of 2 years within the scope of the education system. Section 57 of the Education Act, 1944, which gave the power to exclude such children from education was repealed and children so determined as being unsuitable for education at school are now regarded as requiring special educational treatment in accordance with Section 34 of that Act.

The responsibility for the Junior Training Centre at Driffeld was transferred on the 1st April from the Health Committee to the Education Committee and it is now known as the Driffeld Special School. A school was also opened at the Brandesburton Hospital but limited facilities enabled only existing inpatients to receive education; arrangements are, however, in hand to extend these facilities. Some educational facilities have also been provided for 6 children in the Winestead Hospital. At the end of the year a further 20 children were attending special schools (formerly Junior Training

Centres) outside the County and 38 children were awaiting admission to special schools.

The total number of children ascertained as handicapped during 1971 was 91 and the following table shows the various categories in which they were placed together with the recommendations for their education:—

Category	Recommended for education in special schools	Recommended for education in prim./sec. schools	Recom- mended for home tuition
Blind	—	—	—
Partially Sighted	1	2	—
Deaf	—	—	—
Partially Hearing	8	2	—
Educationally Sub-normal	33	24*	—
Epileptic	—	1	—
Maladjusted	1	—	—
Physically Handicapped	5	2	1
Delicate	1	10	—
Speech	—	—	—
Totals	49	41	1

*Included in this figure are 18 children who were recommended for admission to special classes for educationally sub-normal children.

SPECIAL ASCERTAINMENT EXAMINATIONS

As a result of the appointment of 2 additional Educational Psychologists, arrangements were made for the implementation of the multi-disciplinary approach to the ascertainment and continuous assessment of mentally handicapped children.

It was agreed that all Head Teachers would submit the names of pupils who were two or more years retarded and, after receipt of reports each child would be assessed by those disciplines which were appropriate to his case.

The educationally subnormal child who has no other handicap is now examined by a School Medical Officer and an Educational Psychologist and after discussion with the child's Head Teacher and parent a recommendation is made about the type of education which should be provided.

The more severely mentally handicapped child frequently has multiple handicaps and in such cases it is often necessary to bring in other disciplines, i.e. Consultant Paediatrician and/or Consultant Psychiatrist, to ensure that the full potential of the child is realised.

Health Visitors have been asked to forward details of any mentally handicapped pre-school children discovered whilst working in child health clinics or during visits to homes. This method of early referral may enable guidance to be given to the parent and social training to the child. It also assists the Chief Education Officer in his advance planning for the provision of special school places.

During the year 93 children were specially examined and results of these examinations are shown in the following table:—

Recommended for notification to the Local Health Authority under Section 57(4)	3
Recommended for admission to a special school for educationally subnormal children.....	33
Recommended for admission to day special classes	18
Recommended to remain at ordinary school	6
Recommended for remedial teaching	7
Not educationally subnormal	11
Decision deferred	4
Re-examination	11
Total	<hr/> 93 <hr/>

ASSESSMENT CENTRES

The Leeds Regional Hospital Board has plans to provide assessment centres in hospitals at Hull and York to enable handicapped children to have a comprehensive examination and assessment. In addition to providing a medical assessment for handicapped children, as many of these children are also educationally subnormal, it is anticipated that the School Health Service staff, including Medical Officers, Educational Psychologists, Speech Therapists, etc., will attend at the assessment centres to examine and test children.

Details of handicapped pupils admitted to and discharged from special schools during the year are as follows:—

Category	Special School	Maintained 31.12.70	Admitted during 1971	Discharged during 1971	Maintained 31.12.71
Blind and Partially Sighted	Wold Road, Hull	5	3	2	6
	Conover Hall, Shrewsbury . . .	1	—	—	1
	St. Vincents School, Liverpool .	2	—	—	2
	Royal College for the Blind, Shrewsbury	1	—	—	1
	Northfield Open Air, York . . .	3	1	—	4
	Tapton Mount Sc., Sheffield . .	3	—	—	3
	Exhall Grange, Warwickshire .	1	—	—	1
Deaf and Partially Hearing	St. John's School, Boston Spa .	2	—	1	1
	York. Res. School, Doncaster	4	1	1	4
	Sutton School, Hull	21	5	2	24
	Royal School for the Deaf, Cheadle Hulme	1	—	1	—
	Elmete Hall, Leeds	3	—	—	3
	Partially-hearing Unit, York . .	2	—	1	1
	Mary Hare Grammar School for the Deaf, Newbury	1	—	1	—
	Bridge House School, Harewood	1	1	—	2
Educationally Sub-normal	Etton Pasture, Beverley	92	31	17	106
	Teskey-King School, Hull	2	2	1	3
	Woodlands School, Scarborough	1	1	1	1
	Fulford Cross School, York . . .	2	—	—	2
	Rossington Hall, near Doncaster	1	—	—	1
		w.e.f. 1.4.71			
	Driffeld Special School	65	6	6	65
	Lidgett Grove, York	2	1	—	3
	Holden Special School, Hull . .	15	—	—	15
	Rawcliffe Special School	1	—	—	1
	Brandesburton Hosp. Spec. Sc.	21	—	—	21
	Rudolf Steiner, Aberdeen	1	—	—	1
Epileptic		Maintained 31.12.70			
	Sedgwick House, Kendal	3	1	1	3
Maladjusted	Friends' Sch., Gt. Ayton	1	—	—	1
	Pitt House School, Torquay . .	1	—	—	1
	Breckenbrough School, Thirsk	1	—	1	—
	Cliff House School, Leeds	—	1	—	1
	Conyboro School, Cooksbridge, Sussex	1	—	—	1
	Moor Top School, Ackworth . .	1	1	—	2
	Peredur Home School, East Grinstead	1	1	1	1
	Bladon House, Newton Solney	—	2	—	2
	Monken Hadley School, Newton Stewart	—	1	—	1
	Dennington College, Swimbridge	—	1	—	1
	Eden Grove, Bolton, Nr. Appleby	—	1	—	1
	Rudolf Steiner, Aberdeen	—	1	—	1
	Knoll School, Woburn Sands, Bletchley	—	1	—	1
	Dedisham School for Autistic Children, Slinfold	—	1	—	1

continued overleaf

Physical	Larchfield School, Harrogate..	1	—	—	1
	Frederick Holmes School, Hull.....	16	6	3	19
	Welburn Hall, Kirbymoorside.	2	1	—	3
	Hawkshead Hospital School, Southport.....	2	—	2	—
	Irton Hall, Holmrook.....	1	—	—	1
	Bethesda Special School, Cheadle.....	2	—	1	1
	Cottingham Road Special School, Hull.....	1	—	1	—
	Valence School, Westerham...	1	—	—	1
	Thieves Wood School, Nr. Mansfield.....	1	—	1	—
	Chantrey School, Sheffield....	2	1	—	3
Delicate	Linton Res. School,.....	—	1	1	—
	Abbots Lea School, Liverpool.	1	—	—	1
	Welburn Hall, Kirbymoorside.	2	1	1	2
	Cottingham Road Special School, Hull.....	1	1	1	1
	Children's Convalescent Home and School, West Kirby...	—	1	—	1
Speech					
	Moor House School, Oxted...	1	—	1	—

The number of children attending special schools during the past ten years is as follows:—

	Blind and partially sighted	Deaf and partially hearing	Educ. Sub- normal	Epileptic	Malad- justed	Physi- cally handi- capped	Delicate	Speech
1962	8	15	87	1	6	16	8	—
1963	9	14	89	4	7	19	9	—
1964	10	20	86	2	7	18	9	—
1965	7	23	99	4	7	18	14	—
1966	8	25	104	4	6	22	9	—
1967	10	30	111	3	9	25	10	—
1968	15	35	108	2	9	27	7	1
1969	14	35	106	2	8	29	6	2
1970	16	35	99	3	6	29	4	1
1971	18	35	219	3	15	29	5	—

PHYSICAL EDUCATION

More old primary schools were replaced last year with new buildings which include halls suitable for indoor physical education. These were most welcome additions to facilities and the pupils concerned enjoyed regular indoor lessons. Apart from the obvious benefits to health which regular exercise brings, it also gives pupils a more settled approach to work in the classroom throughout the day. A parallel to this is seen in the secondary schools where sports halls have been built, allowing modified but satisfying games programmes to be carried out throughout the winter when water-logged or frozen playing fields cannot be used.

The new swimming pools at primary schools in Hessle were opened during the summer and other schools are at present raising money to build their own pools.

Each year more school parties participate in outdoor activities and are taken by their teachers out of the East Riding on such activities as walking, canoeing, ski-ing and even soccer holidays abroad. This aspect of physical education is to be welcomed as it encourages boys and girls to become keen on a sport which they can pursue when they leave school.

HYGIENE IN SCHOOL PREMISES

Sixty-six reports on the sanitary conditions at schools have been made by the Medical Officers and any defects have been brought to the notice of the Chief Education Officer.

MEDICAL EXAMINATION OF CANDIDATES FOR ADMISSION TO TRAINING COLLEGES, ETC.

A total of 360 candidates for admission to training colleges and 45 entrants to the teaching profession were examined by the medical staff of the School Health Service.

CO-OPERATION WITH TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

As in the past years, the co-operation of school staffs has been invaluable in dealing with the clerical work in connection with medical and dental inspections. For this assistance and for that given by the school welfare officers, I would like to record my appreciation.

CLINICS

At the end of the year the following clinics were being held:—

Type of Clinic	Location	Frequency of sessions
A. Minor Ailment and other non-specialist examinations and treatment	Anlaby Clinic..... Beverley, Coltman Avenue Clinic..... Beverley School Clinic, Lord Roberts Road..... Beverley Longcroft School..... Bridlington, Oxford Street Clinic..... Cottingham Clinic..... Etton Pasture (E.S.N.) School.. Hessle C.E. Infants School.... Hessle Penshurst School..... Hornsea C.S. School..... South Holderness C.S. School.. Thorngumbald Clinic..... Withernsea Clinic.....	Health Visitors use most of the premises mentioned in the previous column as their offices and they are available for about one hour each week-day for the treatment of minor ailments
B. Dental *	Anlaby Dental Clinic..... Beverley Dental Clinic..... Bridlington Dental Clinic..... Driffield Dental Clinic..... Pocklington Dental Clinic..... Withernsea Dental Clinic.....	12 sessions weekly 6 sessions weekly 10 sessions weekly 2 sessions weekly 6 sessions weekly 4 sessions weekly
C. Speech Therapy †	Anlaby Clinic..... Beverley Clinic..... Bridlington, Oxford Street Clinic..... Cottingham Clinic..... Driffield Clinic..... Hessle C.E. School..... Hessle Penshurst School..... Hornsea County Library..... Kirkella C.E. School..... Pocklington Health Centre.... Withernsea Clinic..... Willerby Carr Lane C.P. School	1 session weekly 2 sessions weekly 4 sessions weekly 1 session weekly 2 sessions weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly
D. Ultra Violet Light	Beverley School Clinic, Lord Roberts Road.....	As required
E. Enuretic	Child Guidance Clinic, Beverley.....	1 session weekly
F. Chiropody	Beverley School Clinic, Lord Roberts Road.....	1 session weekly

*In addition 7 mobile clinics were in use.

†In addition, the speech therapists regularly visited 12 village schools.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1971

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	Number of pupils inspected	Physical condition of pupils inspected		No. of pupils screened but not examined
		Satisfactory	Unsatisfactory	
		(3)	(4)	
(1)	(2)	(3)	(4)	(5)
1967 and later	66	66	—	—
1966	2,648	2,648	—	—
1965	1,442	1,442	—	16
1964	410	410	—	68
1963	290	290	—	433
1962	127	127	—	27
1961	537	537	—	460
1960	905	905	—	917
1959	316	316	—	152
1958	26	26	—	15
1957	682	682	—	848
1956 and earlier	340	340	—	884
Totals	7,789	7,789	—	3,820

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

Age groups inspected (by year of birth)	For defective vision (excluding squint)	For other conditions	Total individual pupils
(1)	(2)	(3)	(4)
1967 and later	—	2	2
1966	28	46	73
1965	19	31	48
1964	18	12	28
1963	4	6	7
1962	4	2	6
1961	19	18	36
1960	27	37	64
1959	12	8	19
1958	1	—	1
1957	27	6	31
1956 and earlier	17	8	25
Totals	176	176	340

OTHER INSPECTIONS

Number of special inspections	397
Number of re-inspections	3,429
Total	<u>3,826</u>

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	67,261
(b) Total number of individual pupils found to be infested	427
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

N.B.—The symbol 'T' indicates need for treatment and 'O' indicates need for observation.

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	7	2	11	20	2
		O	90	21	30	141	3
5	Eyes—						
	a. Vision	T	62	44	70	176	14
		O	351	146	269	766	39
	b. Squint	T	8	—	1	9	—
		O	120	1	15	136	4
6	c. Other	T	—	—	—	—	—
		O	16	5	14	35	—
	Ears—						
	a. Hearing	T	10	5	12	27	3
		O	310	29	145	484	18
7	b. Otitis Media	T	—	—	—	—	—
		O	175	3	19	197	1
8	c. Other	T	1	—	1	2	—
		O	13	—	5	18	—
9	Nose and Throat	T	5	2	8	15	2
		O	273	27	75	375	7
10	Speech	T	27	—	6	33	3
		O	139	2	8	149	11
11	Lymphatic Glands	T	—	—	—	—	—
		O	64	2	5	71	—
12	Heart	T	4	—	1	5	—
		O	57	21	31	109	8
13	Lungs	T	1	—	—	1	—
		O	144	23	44	211	4
14	Developmental—						
	a. Hernia	T	2	—	1	3	—
		O	14	1	2	17	2
	b. Other	T	12	1	13	26	2
		O	152	7	44	203	6
15	Orthopaedic—						
	a. Posture	T	1	—	—	1	—
		O	24	15	14	53	9
	b. Feet	T	—	—	5	5	2
		O	173	7	48	228	4
16	c. Other	T	2	—	—	2	—
		O	51	20	15	86	10
	Nervous System—						
	a. Epilepsy	T	—	—	—	—	1
		O	28	6	9	43	14
17	b. Other	T	—	1	—	1	—
		O	20	6	19	45	4
18	Psychological—						
	a. Development	T	2	—	6	8	2
		O	46	6	22	74	53
19	b. Stability	T	3	3	9	15	3
		O	157	18	64	239	21
20	Abdomen	T	—	—	—	—	—
		O	25	7	14	46	1
21	Other	T	1	—	2	3	1
		O	60	23	57	140	2

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint. . . .	—
Errors of refraction (including squint).	520
Total	520
Number of pupils for whom spectacles were prescribed.	222

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment—	
(a) For diseases of the ear.	4
(b) For adenoids and chronic tonsillitis.	55
(c) For other nose and throat conditions.	1
Received other forms of treatment.	12
Total	72
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1971	3
(b) In previous years.	12

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments.	10
(b) Pupils treated at school for postural defects.	—
Total	10

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	2
(b) Body	—
Scabies	34
Impetigo	15
Other skin diseases	116
Total	167

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics.	99

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists.	244

OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments.....	807
(b) Pupils who received convalescent treatment under School Health Service arrangements.....	—
(c) Pupils who received B.C.G. vaccination.....	1,298
(d) Other than (a), (b) or (c) above, Chiropody.....	135
Total.....	2,240

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils			
	Inspected	Requiring treatment	Offered treatment
1. INSPECTIONS			
(a) First inspection—school...	31,981	16,883	16,588
(b) First inspection—clinic....	3,147		
(c) Re-inspection—school or clinic.....	3,683	1,913	1,847
Totals.....	38,811	18,796	18,435

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
2. VISITS				
First visit in the calendar year.....	3,755	2,561	497	6,813
Subsequent visits.....	3,997	4,591	1,201	9,789
Total visits.....	7,752	7,152	1,698	16,602
3. COURSES OF TREATMENT				
Additional courses commenced.....	329	227	66	622
Total courses commenced.....	4,084	2,788	563	7,435
Courses completed.....	—	—	—	6,513
4. TREATMENT				
Fillings in permanent teeth.....	4,333	7,017	2,085	13,435
Fillings in deciduous teeth.....	4,978	376	—	5,354
Permanent teeth filled.....	3,109	5,812	1,812	10,733
Deciduous teeth filled.....	4,524	347	—	4,871
Permanent teeth extracted.....	139	588	104	831
Deciduous teeth extracted.....	2,910	902	—	3,812
Number of general anaesthetics.....	820	297	22	1,139
Number of emergencies.....	162	80	15	257

Number of pupils X-rayed	360
Prophylaxis	2,768
Teeth otherwise conserved	319
Teeth root filled	22
Inlays	2
Crowns	42

5. ORTHODONTICS

New cases commenced during the year	101
Cases completed during the year	85
Cases discontinued during the year . . .	13
Number of removable appliances fitted	140
Number of fixed appliances fitted	—
Number of pupils referred to Hospital Consultants	17

6. DENTURES

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Number of pupils fitted with dentures for the first time—				
(a) with full denture	2	—	—	2
(b) with other dentures	3	6	5	14
Total	5	6	5	16
Number of dentures supplied (first or or subsequent time)	5	11	9	25

7. ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	546
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8. SESSIONS

	Admini- strative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M. & C.W. Service		
		Inspection at school	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (inc. P.S.D.O.)	270	262	3,373	6	52	63	4,026
Dental Auxiliaries	—	—	130	53	39	2	224
Dental Hygienists	—	—	205	213	—	17	435
Total	270	262	3,708	272	91	82	4,685

DENTAL AUXILIARIES

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
1. VISITS				
First visit in the calendar year.....	64	35	9	108
Subsequent visit	201	74	25	300
Total visits.....	265	109	34	408
2. COURSES OF TREATMENT				
Additional courses commenced.....	—	—	—	—
Total courses commenced.....	64	35	9	108
Courses completed.....	—	—	—	95
3. TREATMENT				
Fillings in permanent teeth.....	117	148	47	312
Fillings in deciduous teeth.....	214	11	—	225
Permanent teeth filled.....	81	113	36	230
Deciduous teeth filled.....	185	10	—	195
Deciduous teeth extracted.....	19	11	—	30
Prophylaxis.....	—	—	—	92

DENTAL HYGIENISTS

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
1. VISITS				
First visit in the calendar year.....	314	396	121	831
Subsequent visits.....	—	—	—	—
Total visits.....	314	396	121	831
2. COURSES OF TREATMENT				
Additional courses commenced.....	34	44	18	96
Total courses commenced.....	348	440	139	927
Courses completed.....	—	—	—	927
3. TREATMENT				
Prophylaxis.....	—	—	—	927



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THE WALKERGATE PRESS LTD.
BEVERLEY
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